

**CHARLES UNIVERSITY IN PRAGUE
FACULTY OF SOCIAL SCIENCES
INTERNATIONAL ECONOMIC AND
POLITICAL STUDIES**

MASTER'S THESIS

**The VA:
*A Political Solution to a
Societal Problem***

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Project Proposal

The US Department of Veteran Affairs

A Political Solution to a Societal Problem

I. Introduction & Thesis

- a. The VA is first and foremost a government reaction to the modern, 20th Century problem of what to do with the returning soldiers who were not simply slipping back into a non-urban society after serving. ["modern problem" in that citizens of Western societies were demanding services from the gov't, and not primarily the other way around as it were in previous centuries]

II. History of Soldiers vis-à-vis the State

- a. Citizens usually did what they were told, and those who did survive simply returned to their village and demanded little in return for their service [citizens as property of their governing power]
- b. Rulers often felt inherent right to employ men as soldiers, subject's responsibility is to the state, not the other way around.

III. Modern Society & Warfare

- a. Societal transition from American Civil War → WWI
- b. More dangerous weapons, but also advances in medicine were allowing more soldiers to return wounded.

IV. Background of VA

- a. The Political response to the Societal problem of returning soldiers
- b. March on Washington that forced the gov't's hands to fulfill promises that would have gone unfulfilled in previous époques.

V. The VA's Organization

- a. Pension side vs. Healthcare side
- b. Why each side's important, and how does each side function to meet soldiers' demands

VI. VA financing

- a. How much goes in
- b. Efficient, certainly as far as politically-inspired solutions to real, human problems are concerned

VII. Relative successes & failures of the VA

- a. Pensions → largely successful
- b. Healthcare → mixed results
- c. "relative" because in most cases, especially healthcare, the soldier is starting in an already deplorable condition
- d. Personal experiences and thoughts on VA from current veterans

- VIII. Why this should be viewed primarily as a Political solution, rather than a Military, Financial, or Charitable solution.
- a. Because the objective was to quell the increasingly potential societal threat posed by returning veterans.
 - b. Side effect was an increase in the standard of living (something ignored by Military or Financial solutions)
 - c. Small point on why this should not be viewed as either cynical or jaded.

IX. Has the VA been successful “Politically”?

- a. Yes, results lead one to believe that veterans’ well-being was seen as an end, rather than a means to placating veterans. The goal was to ensure veterans’ livelihoods, of course societal stability would be a side-effect of this, but if this had been the “means” by which to ensure societal stability the inherent cynicism would have led to a policy failure.
- b. The fact that we haven’t had such large-scale marches on Washington such as the original, should lead us to believe that veterans are satisfied “politically” that their voices have been heard.

X. The VA as a Political Talking Point

- a. Its role in Political dialogue during campaigns
- b. Routinely reinforced as one of the “good” functions of gov’t, even by those who are routine critics of gov’t spending➔

while obviously a gov't policy, the VA is constantly a "political" issue.

XI. The hypothetical future of the VA

- a. Are we still in the same époque that placed enormous pressure on the State to provide services to soldiers, or have we moved beyond this? To a place where soldiers will increasingly be asked to provide for their own private insurances?
- b. Current situations (Iraq, Afghanistan) and their respective death/wounded rates. At last count, there are roughly 30-40 soldiers seriously injured to every 1 soldier who is killed. Every indication is that our VA will need to expand, rather than contract, to meet future needs (many soldiers in their 20s will need life-long medical service)

XII. Conclusion, and Bibliography

Oliver, Adam. "The Veterans Health Administration: An American Success Story?" *The Millbank Quarterly*, Vol. 18 No 1, 2007.

Ortiz, Stephen R. "The "New Deal" for Veterans: The Economy Act, the Veterans of Foreign Wars, and the Origins of New Deal Dissent" *The Journal of Military History*, Vol. 70 No. 2, April 2006.

DECLARATION:

I hereby declare that this thesis is my own work, based on the sources and literature listed in the appended bibliography. The thesis as submitted is 141,213 keystrokes long (including spaces), i.e. 96 manuscript pages.

Nathan W. Heceroth
Your name


Your signature

26. May. 2010
Date

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I. Introduction

The most fundamental question that arises when analyzing the relationship between a soldier and his country is where do the respective responsibilities lie? Does the soldier's status resemble that of a pawn, whereby his government is free to use him as it sees fit, as well as subsequently discard him when he is no longer of any relevant use? Or, does there exist a two-way street in terms of a sense of reciprocal responsibility wherein the state accepts its role of provider to the veteran after his service has expired?

Undoubtedly, nearly everyone in the developed world agrees that a state should have in place some sort of infrastructure for dealing with its veterans. In the United States, the program set in place to aid veterans is called The US Department of Veterans Affairs (henceforth, the VA). It is based in Washington, DC, and is a federal governmental program with hundreds of satellite branches located throughout the US, and the VA enjoys *Cabinet level* status¹. From its creation, it was set up as a *political* solution to a problem that was arising within the veteran community that was becoming more and more discontent with what they perceived were the federal government's failings in living up to their responsibilities. Note that "political" refers to the VA's inherent creation by way of political, government-led means, and the remedy would be delivered via *political* sources that would be neither charitable (religious or otherwise) nor socio-economic (various forms of welfare). The *Societal Problem* that forced this creation was the potential occupation of Washington, DC by over 40,000 American veterans demanding cash

¹ This means that the head of the VA is an official advisor to President.

payments on certificates known as *Bonuses*.² The fact that the VA came into existence before Roosevelt's Great Society, also points to a *political* origin, since it was seen as a *payment for service rendered* that the veterans were partially entitled to even before the formation of any official government program. Moreover, the VA sought to address the veterans' situations via a new governmental program that dealt primarily with how the US would organize itself to provide aid to those veterans in need of it. The key word here to remember is *organize*, which is the most fundamental aspect of government and politics. If one wonders how best to organize a society, or parts of a society, then this is an example of his/her thinking *politically*, and doing so in the purest sense or meaning of the term.

It is central to this paper that the term *political* does not become misunderstood nor confused with the popular usage of the word denoting manipulation and underhanded tactics. Neither, is this a cynical attempt at deconstructing a governmental program to point out its flaws and weaknesses. In fact, it is quite the opposite. By being *political*, the VA is able to function as no other veterans organizations do, and as a result it is able to service all veterans regardless of social-class, religion, ethnic origin, etc. If we properly understand the foundation of an organization that is as important to the US as the VA is, then we are in a better position to make any needed changes in the future. To make the correct changes, however, we must first understand how and why the VA came to be, and not become nostalgic in analyzing a program that serves American veterans. Because the VA is *political* in its origins, it functions better as a program.

² Ortiz, Stephen R. "The 'New Deal' for Veterans: The Economy Act, the Veterans of Foreign Wars, and the Origins of New Deal Dissent" *The Journal of Military History*, Vol. 70 No. 2, April 2006.

II. The History of the Soldier Vis-à-vis the State

This section will examine briefly the history of *the soldier*. In order to understand fully modern-day governments' relationship to their veterans it is important to look back through history to observe how previous soldiers were regarded by their state. While each époque was quite different from the next, in this section they were all in existence well before the time of modern, or even semi-modern, armies.

Another aspect that the following military powers had in common was their lack of general human rights. It is clear that some held rights that would apply to any modern-day military force, however, for the vast majority of soldiers there was little sympathy derived from their ruling elites. For this reason, it is crucial to observe the evolution over time of governments beginning to realize that soldiers, and later on veterans, deserved certain benefits and protections as their just rewards for serving their country.

Thus, this section will touch upon the Roman Legionnaires, the Vatican Forces, the early Imperialist Forces of mainly France and the United Kingdom, and finishing up with the American Revolutionary Forces of the late 18th century.

Roman Army

For our purposes, it is best to start our study of the history of "the soldier" with the Roman army. For the Western world, Rome is a central originating point for the modern-day, centralized state. While ancient Greece certainly had its military feats and aspects,

geographically the city-states were small in size. Roman forces, on the other hand, covered large expanses of land, and most importantly they were highly organized and were centrally led. These qualities are what make the Roman Army the most appropriate pre-cursor to what would come later (even if some of these subsequent militaries were not stronger in force than the Romans).

Interestingly, it would appear that the Roman army and the present-day American one are remarkably similar. As if working on a circle-based timeline, history seems to be repeating itself with regards to the organization of the Roman army and to that of how US forces are set-up to run. This characteristic is another example of why it is important to start with Rome when analyzing how Washington has reacted to situations, and how it has evolved over time to deal with an empire³ that requires both large amounts of soldiers and the infrastructure to properly realize its goals.

Vatican Forces

Vatican Forces refers to the military groups that were used during the many Crusades. Of course, there were many different military groups involved in these quests, but if we look at them in general there are enough parallels for us to make a fair amount of generalizations as to their compensation for taking part in the conquests of the Holy Land.

³ Undoubtedly the term “empire” is hotly debated, and it is not the point of the paper to debate whether or not America is an empire. The use of this term here is to denote the geographic largesse over which American forces are based and engaged in combat.

With regards to the relationship between the Roman Catholic Church and the soldiers on the ground doing the invading and occupying, this relationship was based on a different foundation from that of the Romans before, and subsequent armies afterwards. Soldiers were many times expecting nothing in return other than the good grace of God (and of course as much booty as they could carry home), and as such the Church did not need to reward financially the survivors of its conquests. For the higher ranking soldiers such as knights, the *benefits* (as we would label them today) might be support from Rome in taking over the power in their region of Europe, or perhaps for the most devout a promise of a place in Heaven. There were not, however, any pensions to be paid, or free land to be given.

Imperialist Armies

For the purposes of this paper, only two imperialist armies need to be examined: the British and the French. While Spain was obviously a major imperialist power, their relative power was a far distant third after the British defeat of their Armada. For this reason, the Spanish forces are not very relevant when viewed next to the French and English (who retained such a large role in Africa and Asia even after they had been forced out of most of North American).

During this time period, the soldiers doing the fighting for the British crown or the French crown/Republic were not necessarily there by choice or birth. They were oftentimes conscripted, and in the British case this could be for literally the rest of their life (especially true considering the average life expectancy at the time). Moreover the mortality/wounded ratio during this époque was much higher than would be the case 50 or so years later. According to

one report, in 1815 British forces endured 16,970 mortalities, while suffering 24,360 instances of soldiers being wounded.⁴

These were paid soldiers, however, and not only were they eligible for combat pay, but they were also the recipients of free land in the occupied areas. For the many impoverished families who supplied these soldiers, this was their only way to put food on the table. In addition, while they were stationed abroad these soldiers were granted many fringe benefits, though often was the case that these benefits were at the cost of the local colonists or quasi-indentured local population. In this zero-sum situation grew much of the discontent that eventually led to the American Revolutionary War.

In the end, though, when there was a king ruling the country, these soldiers were merely his subjects, and they fought for *his* glory. It was not the case that these men fought for a nation, as this concept was still a burgeoning idea that had not yet come to fruition in Europe. Accordingly, there was not necessarily much notion that after service and sacrifice to his nation, a veteran deserved to be compensated by the state. This would arrive in full force toward the end of the 18th Century, and carry on until even present day times.

American Revolutionary Forces

The VA and the entire American military apparatus are both direct descendants of George Washington's Revolutionary Forces, and as such, these military groups are the foundation of all American military branches that would appear later on in the US's history.

⁴ Hodge, William Barwick. "On the Mortality Arising from Military Operations" *Journal of the Statistical Society of London*, Vol. 19 No 3, 1856.

While these forces shared a common culture with the United Kingdom's forces, there were some major differences in addition to many more subtle ones that would differentiate American forces from their British cousins.

Arguably the most important difference between American and British forces was one based on principle. The American forces were not fighting for any crown or royal family, nor were they fighting a civil conflict like the French Revolution whereby each opposing side would inhabit the same land; assuming they would survive, of course. The American rebellion based its entire motivation for fighting on the premise that it would develop its own state on the North American continent, and the British would be forced to give up any claim to American lands. The soldiers under George Washington's leadership were fighting for their future, and while they were promised compensation in return for their services, that would not be of the utmost importance to them, which was good because much of the financial compensation would never arrive.

Nonetheless, this was the beginning of what would eventually lead to the creation of the VA. There was a new vision and idea of what the US was, and how its people should be treated. While the financial benefits of today were certainly not fathomable during this age, the idea that citizens had inalienable rights would provide the foundation upon which subsequent eras would form their views of how the government should act vis-à-vis the citizen. By extension, the veterans would receive an extra boost in support due to their actions in defense of the state and of the US society and community.

III. Modern Society and a Transitioning Warfare

For the US, the American Civil War ushered in a new era of warfare that involved not only newly advanced technologies in the weapons used, but also an amelioration in medical knowledge and understanding that was allowing wounded soldiers to survive their injuries instead of perishing as they certainly would have done in previous combat. The combination of more potent weapons and better medical care was that the survival rate for wounded soldiers was increasing many times over what previous combat had yielded.

The First World War went on to accelerate the medical and weaponry advances witnessed during the American Civil War. By WWI, armies were then able to employ weapons that could kill and maim on a level that would have been unfathomable a century earlier, and with the introduction of aerial combat and weapon-delivery the level of casualties was unlike anything that had existed beforehand. Concurrently, medical advances were keeping pace with more effective technology leading to many lives being saved that would have perished merely decades earlier. The problem, however, was that as more and more lives were being saved, more and more soldiers were destined to live out the rest of their lives severely handicapped and wounded. From a human perspective, it is always best to save a life, but what is often overlooked is the toll that wounded veterans take on society and its coffers if they are treated as they should be given their sacrifice. For this reason, small pensions were awarded to some Civil

War veterans. These payments were not much, at most \$12 per month⁵, but they did symbolize something greater to come.

This section will take a look at how modern society, for better and for worse, was changing the fundamental relationship between soldier and state. One could easily make the argument that had warfare technology not advanced as rapidly as it had, they may not have been any need to create a VA because there simply would not have been sufficient numbers of veterans demanding services from the government. It is precisely for this reason that so much attention is given to the improvements of weapons and medicine that were fundamental in creating the public need for a governmental program focused solely on aiding American veterans. More specifically, this section will be divided into three parts: the evolution of weaponry, the evolution of medicine, and how they combined with an increasing awareness of human rights and the state's responsibility to those who served.

Weaponry

During the Civil War, as with most major military conflicts, technology advanced at a frantic pace. Not only were many of the weapons being employed more powerful than during previous wars, but more importantly many of these weapons were being rendered more transportable. In the words of Civil War artillery experts:

During the American Civil War more varieties of artillery projectiles and cannon were used than in any other time in military history. The outbreak of hostilities in 1861, found inventors on

⁵ Wilson, R.P.C. "How Shall the Pension List be Revised?" *The North American Review*, Northern Iowa University, April, 1893.

both sides searching for the perfect blend of sabot, shell body, and fuze to create the artillery projectile that would give the military advantage to their respective cannoneers. This seemingly unending search for that elusive, perfect projectile continued even after the end of the Civil War.

--Jack W. Melton, Jr. & Lawrence E. Pawl⁶

As a result of the technological advances, the number of casualties was skyrocketing. The Springfield Model 1861⁷ was like no previous rifle in terms of range and accuracy. As the most popular gun used during the Civil War, this rifle was responsible for much of the carnage. With the addition of cannons, the brutality and mass casualties of the Civil were without comparison up to that point in human history. Had it not been for concurrent advances in medicine, the death rate during this time would have been substantially higher.

Medicine

Not only were there many technological advances and engineering feats within weaponry, but there was a new medicinal process that would save thousands of lives and greatly lead to the call for increased government assistance to wounded veterans. In one word—Morphine.

Morphine was first used extensively during the American Civil War, and it made possible over 30,000 field amputations.⁸ What seems rather barbaric by today's norms saved tens of

⁶ <http://www.civilwarartillery.com/>

⁷ http://en.wikipedia.org/wiki/Springfield_Model_1861

⁸ Albin, Maurice S. "They All Didn't Bite the Bullet! Anesthesia, Analgesia and Substance Abuse During the Civil War, 1861-1865" *American Society of Anesthesiologists*. July 2004.

thousands of Civil War veterans' lives. With the soldier sedated using morphine, a doctor could amputate a limb in a matter of minutes. This would never have been possible to achieve had the patient not been under the heavy effect of morphine. Alcohol, which was previously used for these types of procedures, might have been beneficial beforehand; but, morphine was much more powerful in alleviating pain than alcohol could ever be. Moreover, alcohol is also a blood-thinner, which morphine was able to overcome and far fewer amputation patients bled out.

Indirectly, one could make the argument that morphine is responsible for the modern-day notion of veteran's benefits, since without it the majority of those injured during the Civil War would have died. Instead, they lived on carrying their permanent wounds as everyday examples of why a government has a responsibility to assist the veteran population.

The Introductory of Human Rights to the Situation

By the time of the American Civil War, the US was now nearly 100 years old, and the idea of basic human rights was finally becoming a concept that was accepted by nearly all of the population as applying to nearly all human beings. Of course, American society had a plethora of racial issues to deal with, but the idea that the state had a financial responsibility to its veterans was no longer a burgeoning notion. If a soldier lost a leg fighting for the Union, it was a mainstream view that he deserved at least a modicum of state support in return for his sacrifice.

The VA is not, and never was, a product of any sort of human rights campaign. It was instituted to placate an increasingly volatile veteran population. Nevertheless, had there not been any notions of human dignity and compensation for services rendered unto the state, there would not have been a veteran population demanding payments as was the case after WWI.

Furthermore, had they not been pushing for their promised payments (even though many were seeking advanced payments on promises due), there would never have been the impetus to create the VA to begin with. As such, this aspect is necessary in providing the context in which all the later developments would take place.

IV. The Founding of the US Veterans Affairs Department—The Political Solution to the Societal Problem

As was mentioned in the introduction, the term *political* refers to government action or programs; rather than the ugly manipulation that seems to be becoming more and more ubiquitous in how politicians behave. Therefore, its usage should not be viewed with any cynicism, nor should it be inferred that *political* means that there are some deviant special interests behind each and every decision that stand to make a profit at the expense of others. In brief, it simply denotes that the VA was conceived as a governmental program that would be separate from military departments, and it would derive its financial backing from public taxes rather than from charitable sources, or foundations, that also play a key role in the US in terms of giving aid to American veterans.⁹

In this chapter, attention will be placed on the founding of the VA, and how it was a political solution from its very inception. The VA goes back nearly a century, and while so much has changed and evolved over this time span, the basic premises remain the same as they did back in the early 20th century.

⁹ For more on charitable veteran's organizations, please section VI.

History of the Department of Veterans Affairs

As was mentioned earlier in this paper, there were *de facto* pensions provided for wounded and disabled veterans dating back to the Colonial Era in North America. Since those concepts and examples of pensions have already been covered, this section will focus solely on the foundations of the VA as an institution that still exists today. It is entirely possible to organize the history of veteran compensation differently, wherein the VA is treated merely as an extension of previous incarnations of veteran assistance; but, for the purposes and goals of this paper, the VA is viewed as an outreach to American veterans that had not before been seen in the US. As such, the VA's founding is being considered on its own merit, with the previous sections detailing previous attempts at veteran outreach serving simply as instruments to place a *context* within which the VA was assembled.

During the 1929 State of the Union speech, President Herbert Hoover announced a proposal that would lead to the creation of what was termed the Veteran Administration. This was to be accomplished by uniting three existing bureaus: The Veteran's Bureau, The Bureau of Pensions, and the National Homes for Disabled Volunteer Soldiers.¹⁰ The following year the Congress acted on this proposal, and the new agency was assembled. According to the VA's website, this new agency was responsible for: "medical services, disability compensation and allowances for WWI veterans, life insurance, bonus certificates, retirement payments for emergency officers, Army and Navy pensions, and retirement payments for civilian employees." Between the year 1931 and 1941, the number of VA hospitals increased from 64 to 91 in

¹⁰ <http://www.va.gov/opa/fact/>

number, and the number of beds rose from 33,669 to just fewer than 62,000.¹¹ This was a remarkable improvement of veterans' conditions, and the rapid growth of the VA's capabilities and capacities could not have come at a better time. In a few short years, the US would find itself in another global war after the Japanese bombing of Pearl Harbor gave President Roosevelt the public back the he needed in persuading the Congress to declare war against the Axis-powers, and join the Allies in their struggle.

Even though the newly-founded VA experienced exponential growth during its first decade of existence, there was a fair amount of refinement that was needed to address adequately the reality of era in which all of this was occurring. The Great Depression was an economic nightmare, and it became readily apparent that the federal government did not actually possess the financial resources to fulfill the many promises that it had made. In addition, there would need to be safeguards enacted to prevent against the fraud and embezzlement that had amounted to \$225,000 under a hodge-podge of programs that existed under previous statutes.¹² President Roosevelt was elected not long after the inauguration of the VA, so it soon fell onto his shoulders to seek a solution to the looming budgetary disaster. While Roosevelt is usually cast as a *free-spending* president, this was not to be the case early on with regard to the VA. Roosevelt purged many veterans from the benefits list in an ill-advised move to re-allocate the funds elsewhere in his budget. Needless to say, this was not warmly received by the numerous veterans of previous conflicts who were now told that the state simply did not have enough money to go around, and that they were deemed to be ineligible for the new VA benefits.

¹¹ http://www1.va.gov/opa/publications/archives/docs/history_in_brief.pdf

¹² Breckenridge, S.P. & Stanton, Mary. "The Law of Guardian and Ward with Special Reference to the Children of Veterans" *The Social Service Review*, The University of Chicago Press, September, 1943.

Due to the uneasy reaction to Roosevelt's decision, it was decided that there should be an *appeals* board to which American veterans could bring their case seeking to reverse their situation. Thus, in July of 1933, it was decided to establish such a board: The Board of Veterans' Appeals.¹³ This was just one of a handful of small adjustments that were made to the VA pre-WWII.

The two most important moments in the creation of the VA as an American institution were its foundation, and a major expansion that would come into play due to the effects that WWII was seen to be having on the US. The major expansion in VA services will be explored in the subsequent section of this chapter, but it is important to acknowledge the significant impact that the decision to establish a VA had on American society. The federal government was attempting to ameliorate US society, and the risks were great. Whenever the state interferes in the lives of ordinary Americans, there is usually a vociferous reaction that has at times led to revolt. Ergo, to have the courage to create a governmental body that sought an active role in veterans' lives had to live up to its promises. Nonetheless, the mere idea of founding such a governmental department must be seen as a momentous development in creating a *political* solution to a *societal* problem.

GI Bill

The second major development of the VA was the creation of the GI Bill.¹⁴ GI refers to members of the US armed forces, and was originally coined from the *Government Issue*, or GI,

¹³ http://www1.va.gov/opa/publications/archives/docs/history_in_brief.pdf

¹⁴ Officially called the "Servicemen's Readjustment Act of 1944.

that was marked on much military-related equipment. Interestingly, according to Wordorigins.org *GI* originally referred to supplies that were constructed out of *galvanized iron*.¹⁵ Regardless, GI became the term used to describe American soldiers, and was commonly used upon their return to identify military personnel. Accordingly, when it came time to give a popular name to the legislation, the title *GI Bill* was employed.

When Roosevelt signed the GI Bill (now called the Montgomery GI Bill, after Mississippi Congressman Sonny Montgomery), few could have possibly imagined the impact it was to have on American society. Here is an excerpt from the VA:

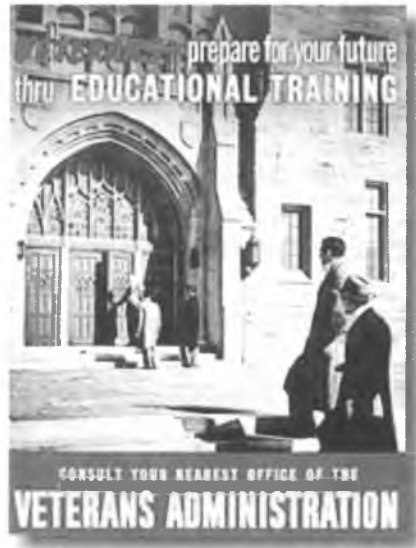
*The GI Bill transformed the economy and society of the United States. The dreams of higher education and home ownership became realities for millions of veterans and their families. The GI Bill contributed more than any other program in history to the welfare of veterans and their families, and to the growth of the nation's economy.*¹⁶

GIs flooded into universities and colleges at rates never before seen in the US, where up until this time, university was not attainable to the average American. In fact, by 1947, 49% of university admissions were veterans, and the GI Bill backed nearly 2.5 million home loans by the summer of 1956.¹⁷ Not only was the GI Bill open to American veterans, but it was also heavily promoted so as to reach the attention of all veterans who would soon be re-acclimating to civilian life. Below is an example of one such poster advertizing GI Bill benefits:

¹⁵ <http://www.wordorigins.org/index.php/gi/>

¹⁶ http://www1.va.gov/opa/publications/archives/docs/history_in_brief.pdf

¹⁷ http://www.gibill.va.gov/GI_Bill_info/history.htm



Source: www.gibill.va.gov

Just as with the creation of the VA in 1930, the GI Bill of 1944 was a *political* effort to create a program that would stem the tide of negative reactions by returning veterans to the daily grinds of civilian life. It was not charity, or a free handout, merely an opportunity to better oneself with the assistance of the federal government. The goal was not only to ensure that returning GIs would not cause the same societal problems as those returning from WWI, but to also modernize the US as well. In other words, a happy veteran is a veteran who is able to return and create a life for himself and his family. In doing so, the government is able avert any social unrest, and after some years start seeing returns on this investment in higher tax receipts to the states; rather than a charitable effort that continually places bandages on a wound that will never heal.

Of course, over the last 60-odd years, there have been other modifications that have taken place within the scopes of the GI Bill. No changes to the bill, however, have been as effective as the original creation of the GI Bill

A Political Foundation, a Political Solution

The reason that the founding of the VA, and subsequently the expansion of the GI Bill, is so important to the debate surrounding it is because it allows us to understand *why* and *how* the VA came to be. When the nature of its foundations is examined, it provides clues as to why the VA was created as a *political* body, and not a charitable or economic (eg. Welfare) venture; even if there are some bits concerning unemployment benefits.

If a program is created political, has remained over time in the hands of the government, and is seen as vital to our societal health, then it must be regarded as being a *political solution*.

V. The VA's Organization

This chapter will outline how the VA is organized. Essentially, the VA consists of three branches: Veterans Health Administration, Veterans Benefit Administration, and National Cemetery Administration. The Health and Benefits Administrations are by a large margin the most important of the three branches, though the Cemetery Administration does play a rather large role in helping to accommodate and comfort the families of veterans who choose to make use of its services. For the purposes of examining the VA in general, and demonstrating its political nature and foundation, the primary focuses of Health and Benefits are the branches that are truly relevant to this end. For this section, the VA's organization will be explained and charted starting at the top and flowing down to subsequent bodies within the VA that are tasked with providing various services that become more specific the further differentiated they become.

As is common with all large bureaucracies, there is a fair amount of redundancy, and large inefficiencies are inherent in its functioning. While in theory, it may occur to many people that it could be streamlined and rendered more cost-effective, but in reality nothing can be done about this as it is simply far too large of a bureaucracy to ever fully understand every aspect about every department. Yet, we are able to separate the two primary functions of the VA: its benefits and its healthcare.

Before the VA is broken down into healthcare and benefits, a quick look at how the organization as a whole is organized would be advantageous. There is a detailed chart located in Appendix A that documents the complete hierarchy of the VA, so this section will only cover the most important bodies within the VA system.

At the head of the VA system is the Secretary of Veterans Affairs who is appointed directly by the President, and whose nomination is subject to a Senate confirmation usually involving several hearings and a subsequent vote. The current Secretary of Veterans Affairs, as of 2009, is Retired U.S. Army General Eric K. Shinseki who was nominated on December 7, 2008, confirmed January 20, 2009, and was sworn into office the next day as the seventh Secretary of Veterans Affairs.¹⁸ Along with the Secretary of State, the Secretary of the VA is a rather prominent cabinet position that is seen by even the party of opposition as a vital member of the Executive Branch of government, and is thus approached with a sense of urgency even if the opposition party is less than thrilled with the nomination. The role of the Secretary is to oversee the VA as a whole, and to ensure that it is functioning as the President sees fit. Unlike

¹⁸ http://www1.va.gov/opa/bios/bio_shinseki.asp

the State Department, however, the VA's operation is intended to be as ideologically free of manipulative politics as possible, and it is not as open to different world-views as what the State Department's fulfillment of the President's choice of foreign policy is. Retired General Shinseki has made his views on world events known over the years, but currently few people in Washington doubt his credentials or motives.

Directly beneath the Secretary is the Deputy Secretary, currently held by W. Scott Gould who forged an earlier career in the US Navy and US Navy Intelligence. As Deputy Secretary, there is much less urgency than with the Secretary, and Mr. Gould would have to wait a few months later than Mr. Shinseki for his Senate confirmation.¹⁹ The role of the Deputy Secretary is to succeed the Secretary in cases of emergency, but he is also charged overseeing the national operation of the VA. This position is much more hands-on than the cabinet-level Secretary position as Mr. Gould acts as the highest ranking position of those who directly observe the VA system (the Secretary has the highest authority within the VA, but he is not tasked with the direct observing of the VA system).

The third highest ranking position within the VA is the Chief of Staff, a position currently held by John R. Gingrich. Similar to Mr. Shinseki and Gould, Mr. Gingrich also has a long history of service in the armed services as he retired as a Colonel with the Army after 30 years of enlistment.²⁰ Unlike the previous two positions, the Chief of Staff is appointed by the Secretary, and this position does not require Senate confirmation. The role of the Chief of Staff is to

¹⁹ http://www1.va.gov/opa/bios/bio_gould.asp

²⁰ http://www1.va.gov/opa/bios/bio_gingrich.asp

manage the daily operation of the VA system, and as such he has the most direct and hands-on position of the three top leadership positions. When a problem within the VA reaches the top leadership of the VA it will go first to the Chief of Staff, after which the Deputy Secretary will be informed, and lastly Secretary will be made aware of the situation and he will have the authority to act on the situation (in theory, the Deputy Secretary has the authority to act as well). Ultimately, it may proceed a step further and arrive in front of the President, but with most VA issues the ultimate authority to act lies with the Secretary since the VA is not to become ideological.

The next step below the three top leadership positions are the positions of *Senior Leaders*. The positions number nearly 20 in total, and they range from *Policy and Planning* to *Logistics and Construction* to *Congressional and Legislative Affairs*. Each of these positions plays a similar role as the Chief of Staff does for the senior management team, but they perform these tasks as head of a much more specific section of the VA. Another aspect about these positions that differentiates them from their superiors is that many times these positions are filled with people who have worked as bureaucrats for much of their careers, and accordingly are much lower profile in their statures. For a complete listing of all *Senior Leaders*, please make note of the link provided in the footnote²¹.

All of the above-mentioned positions serve at the federal-level, and most of them are involved in the managing of the VA. In all actuality, only the Secretary, and to a large extent the Deputy Secretary, is not involved in the managing of the VA system (though how hands-on the

²¹ The profiles of the Senior Leaders can be found at the bottom of the webpage. <http://www1.va.gov/opa/bios/>

Secretary may be is up to him). According to the VA's official website²², there are nearly 300,000 people employed by the VA, thus it becomes readily apparent that a complex hierarchy is needed to oversee such a large operation, and the Secretary could not possibly be expected somehow to manage the daily functioning of such a large and bureaucratic government program. Given the goals and the make-up of the VA, its *political* aspects start to become clearer and more apparent due to its distinct lack of polemical ideologies held by those in the top leadership positions. The VA's goal is to help veterans who served a role in America's military forces, and as such there is little room, or patience, for a new direction each and every time a new President is elected.

At this point, the two branches of Healthcare and Benefits will be examined. The top leadership roles have now been defined, and outside of a few of the *Senior Leadership* positions, most of those roles do not lie solely within one of the main branches that veterans will visit when seeking to remedy a problem of theirs. As was stated earlier in this chapter, it is possible to break the VA down into two main functions, and these two services will be analyzed at this point.

Veterans Health Administration

The Veterans Health Administration is the branch of the VA that concerns itself with the medical concerns of American veterans, and these medical issues cover both the mental and physical ailments that are being faced by wounded soldiers. Furthermore, the VA is the US's

²² <http://www.va.gov/>

largest integrated health care system.²³ Moreover, the Health Administration extends services even to those veterans who are not suffering from any maladies caused directly by their service.²⁴

According to the official website of the Health Administration, the mission is:

The mission of the Veterans Health Administration is to serve the needs of America's veterans by providing primary care, specialized care, and related medical and social support services. To accomplish this mission, VHA needs to be a comprehensive, integrated healthcare system that provides excellence in health care value, excellence in service as defined by its customers, and excellence in education and research, and needs to be an organization characterized by exceptional accountability and by being an employer of choice.²⁵

The organization of the Health Administration is similar to the overall hierarchy of the VA in that it represents a number of managerial levels, each with its own responsibilities and duties. Currently, as of 2009, the head of the Health Administration is the Under Secretary of Health who is in charge of a healthcare delivery system serving millions of veterans at over 1,400 sites across the US.²⁶ Accordingly, to properly treat the millions of veterans who seek the Health Administration's medical care, it is necessary to have quite a large bureaucracy given the number of patients and the large geographic area over which they are spread. Therefore, the Health Administration created 23 *Veterans Integrated Service Networks* that divide the US into geographic units based on the number of veterans currently residing in a given area. Below is a

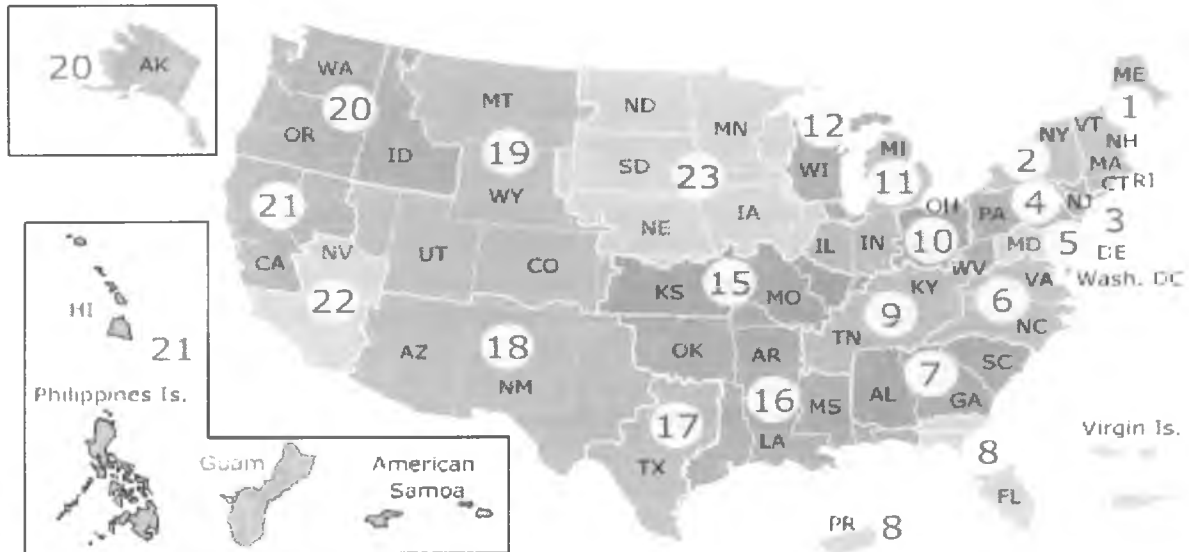
²³ Oliver, Adam. "The Veterans Health Administration: An American Success Story?" *The Millbank Quarterly*, Vol. 18 No 1, 2007.

²⁴ My Grandfather served for two years during the draft for the Korean War, and he never faced any combat while in uniform since he was based in Panama. Nevertheless, he was entitled to VA health services up until his death from a heart attack. He, thus, received services for over 40 years at a VA facility even though he never faced any combat and was only enlisted for two years.

²⁵ <http://www1.va.gov/health/aboutVHA.asp>

²⁶ <http://www1.va.gov/health/aboutVHA.asp>

map of how these *Service Networks* are set up.²⁷



Each of these networks is organized in the same way as the others. Take Ohio, for instance, and the network is organized as follows. Firstly there is the main office for the VA Healthcare System of Ohio, which is located in Cincinnati (a large city on the Ohio River, located in the Southeastern corner of the state). It is here that all of the main offices are housed, and this is the central administrative center for the Ohio network.²⁸ Next are the VA Medical Centers where veterans would receive the most complicated and urgent medical procedures, and in the Ohio network there are five of these centers spread out across the network.²⁹ After the VA Medical Centers, there are the Outpatient Clinics, and the smaller Community-Based Outpatient

²⁷ Map courtesy of the VA's official website.

²⁸ <http://www.visn10.va.gov/>

²⁹ <http://www2.va.gov/directory/guide/region.asp?map=1&ID=10#VA%20Medical%20Center>

Clinics, which serve essentially as General Practitioners and in a few cases Orthopedic needs.³⁰

Lastly, there are the Vet Centers that deal primarily in an emotional support capacity for veterans suffering from emotional or mild psychological issues and who need someone to talk to about these problems.³¹

To make this network system easier to picture, please see the map below, which is courtesy of the VA.



As can be seen on the above map of the Ohio Network, the Health Administration's facilities are located based on veteran populations. For the most part, these locations follow the natural population centers to be found in Ohio. There is one other reason for their placement, however, and that is the general tendency for some regions to send more of its population to the military than others due to higher levels of poverty for which the military represents an economic

³⁰ <http://www2.va.gov/directory/guide/region.asp?map=1&ID=10#Outpatient%20Clinic>

³¹ <http://www2.va.gov/directory/guide/region.asp?map=1&ID=10#Vet%20Center>

opportunity, and for a higher prevalence of the idea that it is important to serve one's country by joining the armed forces. Both of these aspects help to explain why there would be an overabundance of VA facilities in the relatively sparsely-populated region of Southeastern Ohio.

Because the VA chooses the locations of its facilities based on the number of veteran inhabitants, these installations may be modified when the number of veterans drops below a certain number that has been decided upon by the VA hierarchy. Likewise, when other geographic areas develop a larger veteran population, there will be new facilities added; usually the newer facilities will be of the Outpatient/Community-Based Outpatient variety. The major factor facing where to locate many of these facilities today is the high death rates of WWII veterans compounded with the thousands of new veterans that the recent conflicts in Iraq and Afghanistan have produced. As such, as less and less WWII veterans are to be found in the upper Mid-west and Northeast, and more and more young veterans to be found in the Southwest, these VA installations will continue to be modified in order to achieve a maximization of cost-effectiveness in the future.

Veterans Benefits Administration

The Veterans Benefits Administration is the branch of the VA that is responsible for facilitating the non-medical needs of American veterans. Moreover, the Benefits Administration can be divided into six basic categories: Education, Home Loans, Compensation and Pension, Survivor's Benefits, Vocational Rehabilitation, and Life Insurance. Each of these categories addresses a specific area in which veterans oftentimes experience frustration, and overcoming these difficulties is vital to the re-acclimation to civilian society the every veteran must achieve if

he or she is to lead a normal life after his or her service. Furthermore, these programs are not solely for the benefit of the veteran, since the VA is *political* solution to a societal problem, society is also greatly benefited by ensuring that veterans receive all the assistance they need so as not to disrupt the civilian community in which they live. Ensuring that veterans are able to help themselves ensures that society will not face an unnecessary hassle due to large numbers of veterans failing to adapt to their non-military lives. Of course, not every single veteran is ever able to fully acclimate to civilian life, especially if they are suffering from Post-Traumatic Stress Disorder (PTSD), but the goal is reduce the number of such cases to a negligible proportion of total returning veterans.

Education

Education is probably the most important area where the Benefits Administration can assist veterans. The reason for which this is the case is that by affording veterans who have not previously been a part of post-secondary education the opportunity to attend a 4-year university and obtain a degree results in veterans who in all likelihood will not need an overabundance of government assistance in their future lives.³² By being able to create the solid and stable life that comes with middle-class career opportunities, these veterans will all allow the VA to focus its resources more on those who truly need government assistance just to get by in life. As with the saying, “Better to teach a man to fish, than just to give a fish to him,” this category of VA Benefits assistance enables a veteran to create his or her own success, and this will result in most

³² These programs are usually extended to the dependents of eligible veterans. A handful of friends were able to attend university free of charge due to their father’s participation in Vietnam or Korea. Especially if the veteran was wounded, these benefits were worth in the tens of thousands of dollars.

cases with an individual who will never need the intrusive assistance that is required by many veterans who were not able to form a new life out of their military service.

Of the numerous programs that exist under the Education section of the Benefits Administration, the Montgomery GI Bill (the part of the GI Bill that is devoted to education) is the most known.³³ To be eligible for this program a veteran must be honorably discharged, and he or she must also have been a high school graduate.³⁴ For a table detailing general payouts from the Montgomery GI Bill, see Appendix B.

Home Loans

The idea of owning a home is regarded as an important aspect in attaining a middle-class existence in the US. Arguably the main reason for this dates back to the creation of many of the programs available through the Benefits Administration, since just after WWII was when the *American Dream* of a home in the suburbs first started to appear in the mainstream for middle-class folks. What is commonly known as *White Flight*, though there were certainly many minority families making the same relocation, was made possible for millions of returning WWII veterans by the Loan Guaranty Home Loan Program.³⁵

The Loan Guaranty Program assists veterans seeking to either buy a primary-residence home or in many cases land upon which the veteran plans on later building a new home. While the Benefits Administration does not simply give *free* money for this, it will guaranty 25% of the

³³ http://www.gibill.va.gov/pamphlets/CH30/CH30_Pamphlet_General.htm

³⁴ http://www.militaryconnections.com/education_gibill_active.cfm

³⁵ <http://www.homeloans.va.gov/>

loan value with an amount ceiling that will be dependant on the geographic location where the purchase will take place.³⁶ Most of the ceilings are around half a million dollars, so this program certainly does give a large amount of assistance to veterans interested in transforming their previous military service into a new primary residence.

Compensation and Pension

The Compensation and Pension section of the Benefits Administration can be separated into two main components for the vast majority of VA assistance recipients: Disability Compensation and Retirement Pensions. For both of these components, the rules that govern their operation are quite similar. For example, the benefits that will be extended to the dependents of the veteran, and in the case of death what the survivors are entitled to via the deceased veteran.

VI. What is a “Political Solution”, and Why the VA is an Example

One of the most, if not *the most*, important aspects of this thesis is that the term *political* is properly understood. It is the contention of the author that the VA is a political solution because it derives its operation from the government, and since it is governmental in nature it is a manifestation of how the American society *organizes* itself. In other words, *political* at its most basic definition originates in the idea that the VA functions as a result of how society chooses to organize itself. The VA was born out of an idea of how to better organize a system to quell a

³⁶ http://www.homeloans.va.gov/docs/2010_county_loan_limits.pdf

possible veterans' riot by dealing with their symptoms, as it was not a direct result of any sort of benevolent thinking of how to lend a helping hand to ailing veterans.

This chapter will delve into the nuances of the word *political* to put emphasis on the very nature of the beginning of the VA. It is the author's belief that in order fully to understand what the VA is and is not, acknowledging its inherent characteristics helps to keep everything in perspective. There will be three principal sections in this chapter that will seek to explain the VA's political beginnings: *political* in its purest sense, alternative origins of other veteran groups, and why being *political* in nature actually ensures that it serves its intended purpose.

Political, A Meaning That Is No Longer Used

Politics, politicians, bureaucrats, campaigns, and public relations firms have all developed into forms that most people believe are dishonest at their very hearts. When someone or something are characterized as being *political* that is rarely meant as a compliment, and is almost never used to describe a governmental body in reference to its *organizational* foundation. Thus, the area of the VA that we are concerning ourselves with is its foundation, or how it was decided upon to construct this new government body. For the time being, we focus only on the VA's construction, and not on any of the aspects that were resultant from later decisions or Congressional budgets. Much like in basic Economic theory, we must ignore certain realities (for the moment) in favor of looking solely at the theoretical format of the VA during its creation.

In order for this paper to be understood properly, the term *political* must be understood as referring to a group's *organization*, and it must not be confused with its more popular meaning

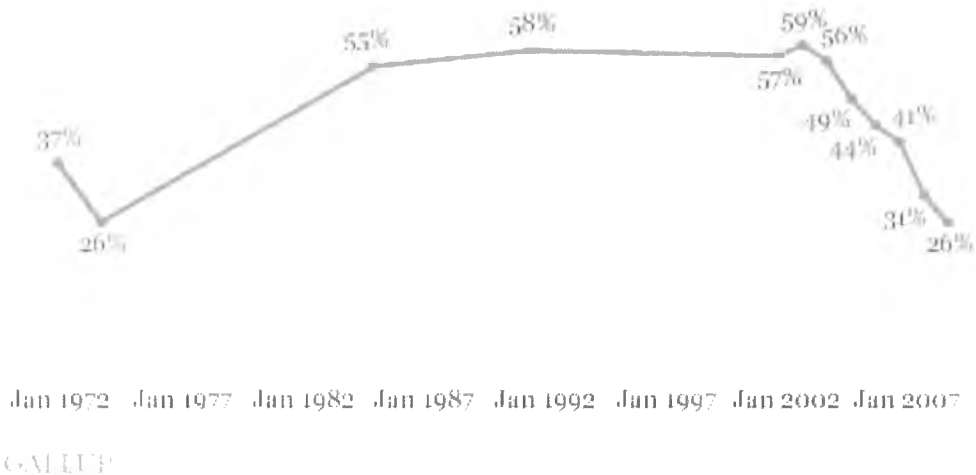
of a politician who will do anything to get himself re-elected. It may appear that this point is becoming redundant, but it is human nature to connect the most popular usage of a word to it even when it is being used in another capacity. Many times a nuance such as this one results in very little change from what would have resulted from the other precise meaning, but in this case the nuance really does make a world of difference in the outcome and efficacy of this governmental program.

There was a time when, in the US, the state was seen as a formidable force of good by the majority of the population. On the whole, the American people trusted their government to do the right thing, and after the end of WWII up until the social movements of the 1960s were in full force, most Americans viewed government-sponsored programs as inherently beneficial to American society. At this point in time, the US population did not have much cynicism towards governmental programs, and thus there was very little need to point out the nuanced differences in construction between the VA and other organizations such as the Red Cross or Salvation Army, for example. All were seen as true positives that functioned entirely as they were conceived to function at their creation. Since the 1970s, however, public trust has gone up and down in cycles, but never was there any truly overwhelming trust in the state.³⁷

³⁷ <http://www.gallup.com/poll/110458/trust-government-remains-low.aspx>

On the whole, would you say you are satisfied or dissatisfied with the way the nation is being governed?

■ Satisfied



For all the benefits that the social movements of the late 1960s produced for American society, there were also some negative consequences in the public's mood towards Washington, DC and all that was "the Government." As with any strong social movement, the Civil Rights Era was forcing Americans to look at themselves and to ask themselves fundamental questions that had been assumed to have already been answered *a priori*. Especially in the Southern states, many, if not most, of the population began wondering aloud whether the US government really was a source of betterment in their lives. Forced integration of the public school system was turning millions of white Southerners against the state, and they were doing more than simply questioning it; they were actively opposing it. This opposition would go on to shake the very foundation that millions of Americans had in that they *trusted* the government to do the right thing—in their eyes, of course.

While this paper is not about the Civil Rights Era, the late 1960s were the years that Americans started to lose faith in Washington. Over the next five decades, government-sponsored programs would be derided as corrupt, inefficient, and counter to the hopes and ambitions of everyday Americans. Politicians would go on to campaign actively that government was not the solution to America's problems, but the source of them.³⁸ Over the years, this shift in public opinion would give birth to a strong sense of cynicism towards any state-sponsored programs. By the 21st Century, 30 odd years of this doubting has led to a culmination whereby the vast majority no longer believes the government can do much of anything of value. This has resulted in the very difficult task of trying to divorce the theoretical meaning of the term *political* from the overwhelmingly popular usage of the same word. By this point in the paper, however, it should be clearer which meaning needs to be applied to the VA.

Other Veteran Groups with Alternative Foundations

To further illustrate the political nature of the VA, it helps to take a look at some of the alternative avenues American veterans can take when seeking assistance. Whether the group is social, religious, or ethnicity-based, there are dozens of organizations that provide daily aid to veterans in need. When they are compared, however, to the politically-structured VA system, it immediately becomes apparent why the VA system's scope is larger.

³⁸ This idea is most closely associated with President Reagan, but it has also often been used by other Republicans and even a few, mainly Southern, Democrats.

According to the VA's official website, there are currently more than 50 operating veterans groups in the US.³⁹ These groups operate at the national level, and for them to be included and shared publicly on the VA's website ensures that these are all groups that have routinely provided assistance to thousands of American veterans over the years. Of course, these programs are the larger ones, and if we were to go to practically any corner of the US we could find another handful of localized veterans groups that provide assistance on a much smaller scale. When included with the larger, national groups, these smaller associations provide a veteran with a multitude of choices and options for confronting his problems. With so many available options at hand, an American veteran is able to find at least one group that will correspond to his unique needs—be they housing, mental, or physical.

For the purposes of this chapter, the focus will be on some of the larger, national associations and groups. The point of this is to show why the VA can be more successful on a macro-level than any of the subsequent groups, and to demonstrate how the foundations of the following groups were designed differently from the VA's. At the most basic level, the difference is that the VA was politically created, while the following groups were socially, culturally, etc created, and for the most part are *charitable* in nature as opposed to *political*⁴⁰.

AMVETS

³⁹ <http://www1.va.gov/vso/index.cfm?template=view>

⁴⁰ Of course, there are also many economic-based programs within the government. Welfare and WIC (for dependent children) would be examples of programs that are *economic*.

AMVETS, or American Veterans, is one of the largest and most well-known veterans organizations in the US. This particular group is open to veterans from any of the various military branches, assuming that they were honorably-discharged, and is run and coordinated by volunteers.⁴¹ While AMVETS certainly does have a close relationship with the government, it is not controlled or delegated from Washington, DC. In fact, more times than not, it is the other way around, with AMVETS being employed as a lobbying vehicle for instigating changes in policies in Washington, DC on behalf of the veteran population.⁴²

AMVETS was originally created after WWII as a group that would assist returning GIs looking to make full use of the benefits that had been promised by the VA. In many senses, AMVETS can be seen as a social organization that is designed to be a sort of watchdog-group for individual veterans. In addition, and keeping with its social-based foundation, AMVETS has hundreds of halls where its members, and even many non-veterans in the community, will meet for drinks and food. It is important to remember that the main goal for all groups or organizations seeking to help veterans is to see that a veteran is given as much of an opportunity as possible to re-acclimate to civilian life, and in many parts of the US that means providing a bar and small restaurant for communal gatherings.⁴³

⁴¹ http://www.amvets.org/about_us/who_we_are.html

⁴² <http://www.amvets.org/>

⁴³ One aspect to note here is that AMVETS halls provide an atmosphere of relative understanding for many returning soldiers. For this reason, sometimes the halls will be restricted to only veterans for the purpose of letting them deal with issues, that when mixed with alcohol and non-veterans, can become very tense.

Although AMVETS functions on a very informal level, the scope of its assistance is still quite large. According to AMVETS, its National Service Officers processed over 24,000 claims, and there were compensations totaling over \$400 million.⁴⁴ As such, AMVETS has a national reach when it comes to servicing veterans, and ensuring that the VA is acting according to its promises. The inherent nature, however, of AMVETS is *social*, and there is very little evidence that even a large social program would be able to provide the services that a properly founded *political* one would.⁴⁵

VFW

The VFW, or the Veterans of Foreign Wars, is similar to AMVETS in nature. An important difference between the two is that the VFW actually pre-dates the official creation of the VA system. The VFW was created in the midst of the Spanish-American War and US involvement in The Philippines.⁴⁶ With its nation-wide presence, the VFW is an frequently used avenue by which veterans, or even currently enlisted soldiers, can seek aid or assistance in dealing with their personal or medical situations.

⁴⁴ http://www.amvets.org/about_us/who_we_are.html

⁴⁵ The reason that I have given AMVETS its own sub-section is that it is one of the largest of all the non-governmental groups, and its reach goes far beyond all the others. The only exception would be the VFW organization, which also has its own sub-section.

⁴⁶ <http://www.vfw.org/index.cfm?fa=news.levelc&cid=223&tok=1>

While the VFW is not any official part of the US government, it is *Congessionally Chartered*.⁴⁷ As with the AMVETS, the VFW enjoys the backing of the federal government, and this has led to its being recognized as a reliable source of information and lobbying in support of veteran's needs.

Ethnic Organizations

In keeping with a common phenomenon found in the US, there are also many groups that are founded upon the basis of ethnicity. Just as there are chapters of The Sons of Italy and many *Saxon* clubs found throughout the Northeastern and Midwestern US, there have been several Chartered⁴⁸ veteran's organizations that have been founded to serve as an ethnic heritage base for many returning soldiers. The value of such organizations can be found in how much of the US was organized; especially before WWII, and even to an extent Vietnam. Since many of the veterans grew up in an ethnic enclave, many of them turned towards groups that kept that ethnic identity (in addition to a strongly pro-American identity, usually showing itself as the two flags brought together behind the bar). While the idea of ethnic identity is lessening as subsequent generations become more diverse, many of the areas that provided large amounts of soldiers still have neighborhoods where the older generations still hold on to their *Old-World* traditions. Lastly, these groups are not to be seen so much as *excluding* others, but from the view that they simply pay particular attention to a certain segment of the population.

⁴⁷ Congressionally Chartered means that the US Federal government has investigated a group's organization and mission, and it has found that everything is proper. As a result, the group has the symbolic backing of the US government, and can act on behalf of a veteran.

⁴⁸ Meaning that they can act officially in dealing with the government on behalf of a veteran.

According to the VA, there are five chartered *Veteran Service Organizations* that are based on ethnicity, and/or religion. The following are examples of such groups:

The Catholic War Veterans of the USA⁴⁹, created in 1935, 18,000 members.
Italian American War Veterans of the USA⁵⁰, created in 1932, 10,000 members
Jewish War Veterans of the USA⁵¹, created in 1896, 100,000 members
National Association for Black Veterans⁵², created in 1969, 20,000 members
Polish Legion of American Veterans⁵³, created in 1920, 10,000 members

These five organizations are just the ones that are officially *chartered* by the VA, and if we were to expand our parameters to include *non-chartered* groups, we could add another half-dozen or so veteran's groups that are based on the ethnic, and sometimes religious, aspect of a veteran's life.

The objective in pointing out that there exist veteran's organizations that are ethnically based is to reinforce the notion of the VA being politically based, since it approaches the situation from an *organizational* perspective irrespective of the individual's particular ethnicity or religion.

Branch-Based Organizations

In the same spirit as the ethnically based organization, there are also chartered organizations that base their foundations upon the branch of the military in which the veterans served. To date, there are currently eight such organizations:

⁴⁹ <http://cwv.org/>

⁵⁰ <http://www.itamvets.org/>

⁵¹ <http://www.jwv.org/>

⁵² <http://www.nabvets.com/>

⁵³ <http://www.plav.org/>

Air Force Sergeants Association⁵⁴, created in 1961, 135,000 members
Army Navy Union⁵⁵, created in 1886, 12,000 members
Marine Corps League⁵⁶, created in 1923, 76,000 members
Navy Club of the USA⁵⁷, created in 1938, 4,500 members
Navy Mutual Aid Association⁵⁸
Reserve Officers Association of the United States⁵⁹, created in 1922, 66,000 members
United States Submarine Veterans⁶⁰, created in 1963, 12,200 members
Women's Army Corps Veterans Association⁶¹, created in 1946, 1,798 members

With the introduction of non-chartered groups, the number of such *branch-based* organizations increases substantially to create a well-served grouping of various veteran's groups that serve active and former soldiers within their respective branches.

The motivation behind all such groups, be they ethnic, religious, branch or conflict-related is that, as humans, we oftentimes search out and seek groups with which we have some common background or experience. The Italian American from Youngstown, Ohio is able to find a common background within the Italian American War Veterans group in his hometown. In addition, he might also be a Marine, and as such he has a common experience that is shared by a Polish American Marine from elsewhere in the US. They are both, however, members of the

⁵⁴ http://www1.va.gov/vso/index.cfm?template=viewreport&Org_ID=271

⁵⁵ <http://www.armynavy.net/>

⁵⁶ <http://www.mcleague.org/>

⁵⁷ <http://www.navyclubusa.org/>

⁵⁸ <http://www.navymutual.org/>

⁵⁹ <http://www.roa.org/site/PageServer>

⁶⁰ <https://www.ussvi.org/home.asp>

⁶¹ <http://www.armywomen.org/>

Marine Corps League, and occasionally they'll come together for a common goal that affects them both equally. One aspect remains constant throughout, though, and that is that all these groups were created to assist certain demographics, and none were designed to be able to reach effectively the total veteran population throughout the country. This is why none of them can be classified as *political* in the sense that this paper is using the term.⁶²

All of the aforementioned organizations serve vital needs within the veteran population, and to label them as charitable is by no means any slight to their intended purposes. The reason that these various groups need to be examined is because their foundations were slightly different from that which was employed by the government when it created the VA. These other organizations were created to address specific demographics and provide assistance to the respective veterans for the sole purpose of ameliorating their current situations. A *political* organization is a program that is created to respond to a situation where there could easily develop a threat to the state or society based upon the principled response of a certain demographic of people. Simply put, it is the difference between the *means* and the *ends*.⁶³

Political versus Charitable

American society functions differently from European society. American mainstream thought responds in a different fashion than almost all other regions of the world, most likely

⁶² Even if there were a veteran's group only for Democrats, that would be political *party* based, and not political in the organizational and government based sense.

⁶³ For Charity the end is an assisted veteran, and the means by which to achieve this are by giving him assistance. For Political, there are two means: helping the veteran and placating the veteran by way of the assistance; the end is a more stable society devoid of angry and violent veteran groups.

because it was settled in large part during the modern-era.⁶⁴ During westward expansion, settlers were forced to rely on each other in times of need, and there was very little to no government assistance to most settlers who experienced extreme difficulty. Due to this shared narrative of communal struggle, and forced to go without government assistance when the notion of state aid was already held by many of the Western European immigrants, created a principle of *charity*.

In this section, the *political* and the *charitable* will be contrasted to show that while charities are more effective in some arenas, in other situations it is best to employ a political agency to help remedy a problem. Of course, much of this analysis is anecdotal in nature, since there are no realistic experiments that could be carried out in real-life to test which of the two is specifically more effective in a given situation. There are, however, some basic human behaviors that are easily enough read that make one more logical than the other, and it always boils down to the individual in need of assistance.

Simply stated, the *political* does not discriminate in its handing out of assistance. When a soldier is in need, it does not matter which religion, race, ethnicity, etc he is. For this reason, in a country as diverse as the US and with a population of more than 300 million, an over-arching *political* program is the only viable option in attempting to at least provide for the most basic of assistance and provide that to all veterans. When dealing with such a large and diverse group, the only real possibility is to create something large enough to serve as a sort of *umbrella*, for this to occur it must come from an entity that is not rooted in any specific foundation.

⁶⁴ By this I mean that functioning states had already existed, and the US and Canada were being settled by a non-indigenous people who were already aware of the concept of modern statehood and governance. Unlike most of the rest of the world where the indigenous people themselves formed their statehood.

This is not to say that a *political* program will always be the best suited to remedy a social concern, it is only saying that for a program to reach all veterans it must be originating in an agency that has nation-wide jurisdiction, and that would only be the state; and, more precisely the federal government.

The *charitable* certainly has its role to play in helping out the veteran population, and pragmatically-speaking, it functions better than the *political* in many situations. Usually, a charitable organization is more familiar with the individual and his or her situation, since most of these groups function at a very local level. Much in the same way that a multi-generational family may survive by looking after each other at various points in their lives, a charitable organization is better suited for addressing a particular individual's issues because of a shared familiarity. When a known member of the local community is experiencing a trying situation, the local people are usually best equipped to provide aid. Whether it is the VFW or AMVETS, or one of the other aforementioned groups, they are going to be more familiar with the particular individual than will the VA.

The major obstacle that the *charitable* faces in administering assistance is that of what to do with the veteran who has become, for whatever reasons, isolated from the community. Much as is experienced by the elderly lady who has no family to help her out, the isolated veteran has no one close enough to seek out for help. In this case, the less-familiar VA is the only option. In addition, there are many times veterans who are embarrassed to ask for assistance.⁶⁵ In such

⁶⁵ This is another peculiarity within the US. There are many instances of someone being charitable, but being too embarrassed to admit that they, themselves, are in need of charity. The idea that receiving charity is tantamount

cases, the VA is the best option. An analogy of this dichotomy would be how Social Security ensured that those who were not in possession of any family would still be able to take advantage of a social safety net, in the same way as a veteran who does not fit into the traditional notion of who a veteran is (having a family and a community to turn to) is able to receive treatment and assistance from a non-familiar source.

VII. Election Time Again, The VA Becomes Relevant

Up until this point, the term *political* was used solely in its purest and organizational context. It would be folly, though, to imply either implicitly or explicitly that the uglier definition of the term *political* does not play a role in how the VA functions. In fact, it could easily be argued that while the VA has remained political in nature, ever increasingly the applicable definition of *political* is called into question. This chapter will examine how the more manipulative definition of the same term has manifested itself in the VA day-to-day operations, and it will shine some light on the phenomenon of how the VA becomes relevant every four years or so. In other words, during election campaigns when each candidate tries to outdo the other in the amount of promised support he or she will give to American veterans and the VA in general.

This chapter is divided into two primary sections: essentially *how* the VA has been used as a political bargaining chip, and *when* the VA has been used as such. The objective in pointing out this occurrence is to ensure that the definition of *political* that this paper is employing does

to impotence. The VA provides that bit of anonymity that makes this palatable enough for the veteran to seek assistance.

not become confused with the more popular usage of the term. In bringing to attention the more popular definition, it becomes much easier to define the intended meaning by shedding light on the clear differences in character between the two meanings of the same term.

The VA as a Political Tool

As was stated above, the VA does at times become a political football used by campaigns for the candidates' benefits. Because of the relatively large population of veterans and soldiers, not to mention the non-military family members and friends of military personnel, the VA can be an extremely effective subject for arousing opinions and emotions. In addition to the sheer size of the veteran and soldier populations, there can be added to the equation the American characteristic of assigning deeply emotional attachment and praise for those in uniform. This phenomenon can be extended to the police and firefighters, and has been easily witnessed especially since the 11 September 2001 World Trade Center attacks in New York City. As regards those within the military, even more praise is given due to the perceived (though mostly true) dangers that they face daily while stationed abroad. While the praise and thanks have certainly risen since 2001, there has always been a discernable amount of pride by the public in its armed forces. Moreover, this pride is even stronger among the likely-voting population.

As such, it should come as no surprise that many political campaigns have sought to employ the emotions that come attached to how the VA operates and functions. It would be political suicide in nearly any Congressional district to be seen as anything less than 100% behind the soldiers, and to fight fiercely on behalf of them to keep the VA accountable to its own high standards. For this reason, no politician can be seen as anti-VA, no matter how fiscally

conservative a politician may be. Even Libertarians propose an operating VA, so when the VA is used in a negative fashion (eg. *Mudslinging*) the issue is usually an exaggeration of the actual situation in question.

Thus, for the most part, the VA becomes an issue for the incumbent to demonstrate how he has cared for his veteran constituents, since it is one of the few topics that enjoys ideological support from all mainstream political parties. This would be a testament to the *political* nature of the VA that both major parties have very little to no ideological differences when it comes to the VA and its existence.

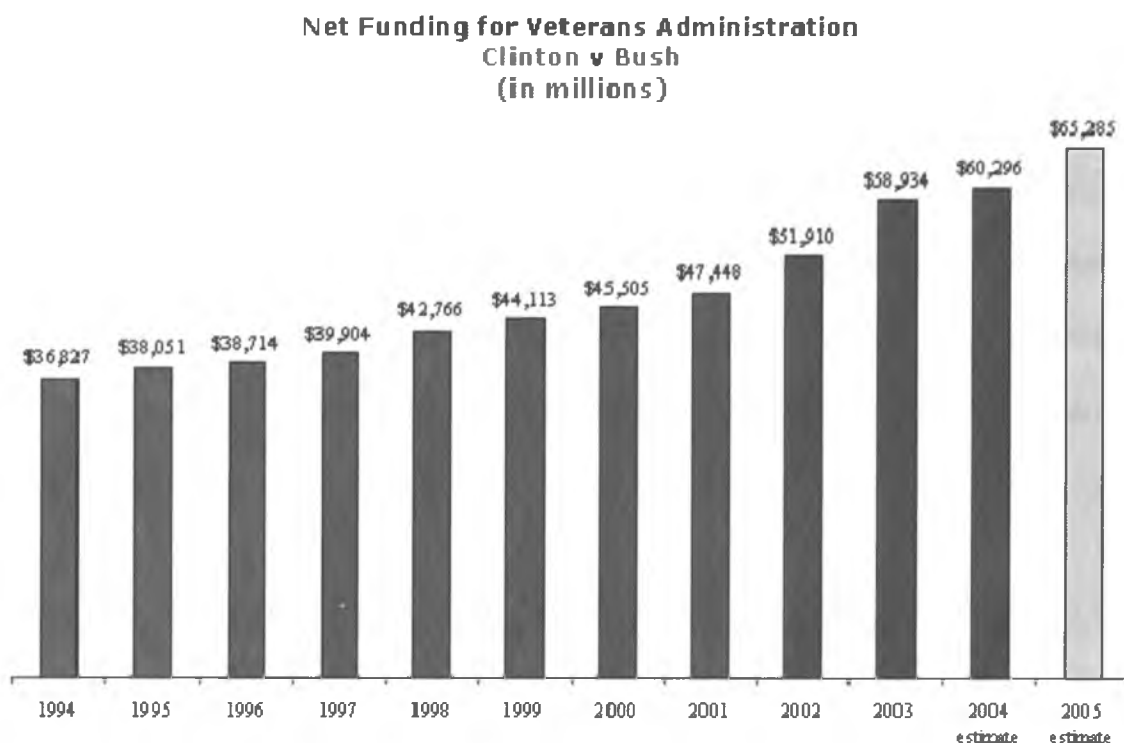
That does not mean, however, that during a campaign candidates will not attempt to make the VA a political issue (the other meaning of the word) that will benefit them regardless of the truth or validity of their claims against their opponent. In the following section, a few examples of how this *political* program was transformed into a political tool used to manipulate voters, and blur the boundaries of the *purser* definition of the word.

Election Time

It would be naïve to ignore how the VA has been used for the purposes of winning an election. In this subsection, the term *political* will assume its more popular meaning. Unfortunately, many politicians will use the VA as a means of advancing their career by employing it, and its attached emotions, to gain votes for himself. The objective of this subsection is to use an example of this type of behavior to differentiate the two meanings of *political*. This is politics at its worst, and has absolutely nothing to do with the inherent nature of the VA.

Kerry vs. Bush 2004

During the hard fought presidential election in 2004, John Kerry made an accusation that George W. Bush had cut funding to the VA, and that Bush was against funding veterans as generously as were the previous Presidents. Kerry was, himself, a Vietnam vet, and he was also the target of mudslinging concerning his military service. As the graph below demonstrates, Bush did not decrease overall VA spending.⁶⁶



This was an instance of when the VA is unfairly used politically to demean a political opponent during an election. It is not too often that the VA becomes a political tool used to manipulate public opinion, since it is held in such high regard by the majority of the voting

⁶⁶ <http://www.factcheck.org/article144.html>

public. In the end, political stunts such as this usually end up backfiring, since the VA is very easy to get figures from since it is part of the President's budget.

It is not difficult why the VA is regarded by many politicians as a perfect assault tool. In labeling a certain politician as being *anti-VA*, one might as well say that his opponent does not support soldiers or veterans. Notions such as this play heavily on the voting public, the only obstacle is ensuring that any claims relative to the VA are accurate. When they turn out not to be, the political backlash is usually ferocious.

Barack Obama

Since being elected President in 2008, Obama has been the target of many organized efforts to link him to plans of decreasing VA support. The vast majority of these attempts have been through chain-emails, which are designed to spread a destructive rumor as quickly as possible and with as much anonymity as possible to shield the originators from any potential reprisals.

According to Factcheck.org, some of these include: a plan to make veterans pay for their own care in an attempt to save the VA money⁶⁷, the RNC (Republican National Committee) making false claims of increased payments⁶⁸, and during the election the McCain campaign made accusations of his plans to under-fund the VA⁶⁹. All of which were false, and as was the

⁶⁷ http://www.factcheck.org/askfactcheck/print_did_obama_accuse_veterans_of_selfishness_and.html

⁶⁸ <http://www.factcheck.org/2009/08/rncs-bill-of-rights/>

⁶⁹ http://www.factcheck.org/elections-2008/the_truth_on_troop_support.html

case for previous efforts to distort a candidate's views of the VA, all of these have come back to haunt the GOP with varying degrees of political backlash.

Both of the mainstream American political parties have, in the past, employed this approach during various election campaigns. Moreover, any attempts involving the VA that are false usually fail. Nonetheless, the probability is fairly high that the politicians of the future will continue to use occasionally the anti-VA card, since it is as close as any of them can get to labeling the other candidate *anti-soldier*.

VIII. Success, Failure, or Both?

Pragmatically, one would judge the VA as either a success or a failure as a result of analyzing the program. For the average veteran, has the VA facilitated his or her reintroduction into American society, and has it given them the assistance that they needed in order to cope with their mental or physical scars? Unfortunately, for those within Social Sciences, there is no methodology capable of providing a clear-cut answer because statistically it is nearly impossible to render a verdict, and as whenever emotions run high, the VA is only called into action when there is a tough situation that needs remedying. Therefore, it is very difficult to give a statistically-based, objective answer to this underlying question.

In the author's opinion, though, it is safe to say that the VA has done more for the good of American veterans than it has done for the bad. Thus, it seems uncontroversial to say that the VA has been a relative success in that it has successfully dealt with oftentimes deplorable

instances and performed admirably in general. In the real world, this is the most that can be expected from a political program that ventures into situations where there seems to be no good or happy ending. Due to the underlying reality that many of the cases that the VA sees involves individuals who are caught up in things that stretch human understanding to its breaking point, there will always be people who will deem the VA a failure simply because it was not able to perform miracles. Their opinions, however, are just as worthy as an objective observation rooted in public policy, since they have been personally involved in the process and they are able to add a human experience and reaction that cannot reasonably be discounted.

In this chapter, there will be first-hand accounts provided by veterans familiar with the VA and how it operates. It is important to note that all names are fictitious or not listed. This is because in the 21st century where nearly everything that is written gains some place on the internet the author's intentions are to keep the identities of these individuals private.⁷⁰ Some of the accounts are also taken from veteran forums, but only reputable ones were considered for addition to this paper. The point of this is to give a better idea of some of the situations that the VA is tasked with remedying, and to remind us that behind every statistic or figure there is a human face attempting to deal with very difficult circumstances.

The Negative

⁷⁰ Upon request from interested individuals, I can share more personal information on these individuals. Basically, I am willing to provide all information except their true names.

For the most part, the vast majority of complaints are concerning the medical care administered by the VA. As such these will be the first ones that are gone over, and they are all numbered so as to be able to be more easily discussed.

1. *I finally got the VA to schedule one of my Viet Nam veterans for an MRI for TBI. He has it in the record of the head injury, but, they have been dancing around TBI. I personally have had headaches, migraines, and other symptoms. I had filed for service connection a long time ago and the VA admitted I had the illnesses, but, didn't do anything about them and did not SC them. I was wounded with shrapnel and one of the X-rays stated: "There is an area of translucency where the veterans wound scar is on the skull." The shrapnel had apparently chipped the skull, but didn't penetrate it. Glad I have a hard head. But, the VA has never tried to go back over the claim. TBI is this wars PTSD. (And they are connected. Just blowing off steam. As I said I finally have a Viet Nam veteran scheduled for a C&P for TBI after 42 years.*

Situations such as this are quite common, and relate to the VA's medical care. TBI refers to *Traumatic Brain Injury*, which can be caused by any sever blunt force to the head of a soldier. During Vietnam, many such injuries occurred from being hit with light-powered grenades or booby-traps. More common during the current conflicts in Iraq and Afghanistan are TBI incidences resulting from roadside-bomb and IEDs (Improvised Explosive Devices). Most times there is very little that can be done to correct TBI, and the only actions that can be taken are attempting to improve the surroundings of the veteran.

A particularly troubling aspect concerning TBI is that the damage done to the patient's brain does not affect the entire brain in the same fashion. For example, speech and motor skills may be severely hampered, while cognitive aspects remain completely functioning. The result is oftentimes a severely disabled veteran who is also dealing with the frustration of *knowing* that

they cannot enunciate what they are thinking. The pain and frustration commonly manifest themselves in the patient acting out, and intentionally attempting to hurt someone within reach.⁷¹

As can be expected, there will always be a fair amount of frustration with the VA when it comes to TBI cases, which are among the most tragic of all injuries sustained by veterans.

2. Recently ALS and diabetes were added as presumptive Agent Orange conditions. If a veteran previously had an Agent Orange Exam before these conditions were added and they carry either of the diagnoses, they do not have to have another Agent Orange Exam now. They need to take the documentation from their doctor showing they have on the presumptive Agent Orange diagnoses, along with documentation that they were in Vietnam, to their local parish service officer so that they can begin the Compensation and Pension claim process."

"My motivation is to have every Vietnam veteran in Louisiana take the test, especially those in south Louisiana," said Savoie.

It was Savoie's connections as an All-American State Commander of the VFW that allowed him to reach hundreds of veterans in the cause, and he helped transport many to testing once he convinced them of the need.

Many affected veterans asked the next logical question - Could my offspring be affected? That simple question, and the answer - yes - helped Savoie convince more veterans to undergo the tests.

Savoie finally heeded his own advice and was hit with sobering news.

"One day," he said, "I was taking my physical and my white blood cell count exceeded the red cells. My doctor said now was the time to get tested, and to send those results to an oncologist. In November of 2007, I was told I had CLL (chronic lymphocytic leukemia).

"It's not bad. My count is now around 15,000, and the doctors said if I can maintain that, they'll work with me. We can manage it."

CLL was the last of 11 diseases to be included in the category

⁷¹ I, personally, worked at a rehabilitation clinic that dealt with TBI cases, most usually sustained in motor vehicle accidents. A common occurrence is for a patient to use his/her strong hand (they usually have a substantially stronger side of their body) to inflict pain on others, thus requiring everyone working there to memorize which side was the patient's strong side and keep to the other side.

of ailments caused by Agent Orange. It has only been in the last two years that the list had 11 and not 10 diseases. Vigorous pursuit of the issue by Veterans of Foreign Wars (VFW) groups finally prevailed.

Savoie himself is now on 100 percent, non-revocable disability because of CLL. But the campaign remains vigorous.

"How did someone die of alleged Agent Orange damage if they'd never been tested?" Savoie asked. "We knew these guys were dying for a reason."⁷²

Number 2 refers to the side effects on Vietnam veterans from the military's use of a chemical called *Agent Orange*.⁷³ The intended purpose of Agent Orange was to act as an herbicide that would kill off practically all vegetation, and in a relatively quick amount of time. For the US military, the need for deforestation is obvious considering the thick jungles of Vietnam, and for the need to have large swaths of jungle cleared for bases and for moving personnel and equipment. Thus, large amounts of the chemical were dropped onto the Vietnamese vegetation. Unfortunately, there were thousands of soldiers who were on the ground when the sprayings occurred, and they were hit with the chemical just like the trees and jungle around them.

Over time, the extremely negative side effects of Agent Orange were not known at the time the military started using it. Now, however, the ramifications of exposure to Agent Orange are well known, and one of the main complaints concerning the VA is how they have dealt, or are currently dealing, with veterans who were exposed to Agent Orange and who are now experiencing substantial health deterioration. Pragmatically speaking, it usually becomes the

⁷² <http://www.vawatchdog.org/agentorange.htm>

⁷³ <http://www.lewispublishing.com/orange.htm>

veteran's responsibility to prove that he was in a certain part of Vietnam when he was exposed, and the Department of Defense will then usually go back over the records to see if, in fact, Agent Orange had ever been employed in that certain area and if the dates much up to what the veteran is claiming.

Clearly, when it comes to Agent Orange and veterans seeking to file claims of compensation, the emotions run high. Accordingly, there are many complaints concerning this situation. It is also worth acknowledging that it is typical for people who are not pleased with the service administered to report their opinion much more readily than those who are relatively happy with the service that they received. This principle remains the same with regards to the VA.

3. Herbicides were not sprayed over the open offshore waters of Vietnam, and high-altitude jet aircraft had no contact with the herbicides sprayed by low-altitude propeller-driven cargo planes. On Johnston Island, herbicides were stored in a remote fenced-in security area with limited access for military personnel. Receipt of the Vietnam Service Medal or Vietnam Campaign Medal for war effort support in Thailand, Laos, or Cambodia is not related to the potential for exposure to tactical herbicide use in Vietnam itself...

S. 1939 would thus provide a presumption of herbicide exposure to Veterans who were not exposed to tactical military herbicide use. This would create an inequity in that Veterans who were not exposed would be afforded the same favorable presumption as those who were or may have been exposed. S. 1939 would essentially change the basis for the presumption from service in an area of documented herbicide use to any service that supported the war effort in Southeast Asia...

4. VA does not support this bill because it would expand the presumption of herbicide exposure to categories of Veterans who were not exposed to the tactical herbicides used in Vietnam. It would undermine the original Congressional intent of providing health care and disability compensation to deserving Veterans

*whose diseases are presumptively associated with herbicide exposure during Vietnam service.*⁷⁴

Numbers 3 and 4 are both related to the Agent Orange situation that was explained above for number 2. Agent Orange, however, has created a problem that is quite complex and far-reaching. These complaints deal with the attempts of the VA to try to differentiate between what it considers to be valid claims for compensation due to Agent Orange exposure, and more frivolous claims that cannot be proven to be due to Agent Orange exposure. Oftentimes, both sides (the VA and the veteran) make claims that the other side is trying to take advantage of the situation. Ergo, both sides have attempted in the past to write new laws governing Agent Orange exposure, and the compensation paid out to valid claims.

Regardless, these too are common complaints, and thus become relevant when examining the relative efficacy of a governmental program such as the VA. As a *political* solution, the VA will always be held to a higher standard than most charitable efforts, and as such, the VA will register more complaints such as this than the VFW would.

5. The two men, veterans of different wars, have been friends ever since they moved into Gates Hall, one of the assisted living facilities on the Union Grove campus.

It won't be long before Yonker, 87, moves out. At least he hopes to. That's been his plan ever since he and his fellow residents learned in November that the Department of Veterans Affairs will increase their rent by as much as 37 percent.

The rate hike takes effect Jan. 1. That's when the daily rate of \$83 jumps to a little more than \$114 per day, at least for Yonker. That's an increase of nearly \$930 each month. The rates vary for different residents, depending on the level of care they need. Many say they can't afford the increases.

⁷⁴ <http://www.vawatchdog.org/10/nf10/nfmay10/nf052110-2.htm>

"I really figured when I moved here this would be it, I would be here the rest of my life, but they are pricing me right out of here," said Yonker, a World War II veteran. "The staff bends over backwards. I've never had a nicer bunch of people. I'm not unhappy here. It's strictly a monetary thing."

Yonker said his monthly rent of roughly \$2,500 will jump to nearly \$3,500. It's more than he can afford, which is why he plans to move.

Forst, 66, has no choice. He has been nearly confined to a wheelchair since he broke a hip. The Vietnam veteran needs the kind of assistance that prevents him from living independently. So the veterans' home is an ideal place to live.

Residents and their families are concerned about the hike in rates and they're disappointed by what they say is the lack of explanation as to why the increases are so steep. There have been increases annually, but not this large, they said.

"It's a rotten deal. I'm partially disabled. I can't move out of this place, no way in hell, and I sure as hell can't afford to live here. It's just unbelievable," Forst said. "I'm sure that there are veterans in the state Legislature and the VA. How can these veterans treat fellow veterans this way?"

Both Forst and Yonker have been happy with their experiences at the veterans home. They're concerned about decisions being made at the state level.

Officials say the increases are needed to meet the costs for caring for residents at the veterans' home. A spokeswoman for the department could not provide specifics, and Commandant Randy Nitschke could not be reached for comment.

Union Grove is one of two homes run by the state's Department of Veterans Affairs. There are no planned rate increases at the Veterans Home at King. The Veterans Affairs Board has been discussing the rate increases since they were first notified in November 2008. Residents weren't notified until a year later.

Richard Bayer, Racine County's Veterans Services Officer, has responded to a handful of calls from indignant veterans ever since the rent increases were announced. They're upset about the increase. They think it's outrageous, Bayer said.

"Who can I talk to who can do something about this?' That is the universal question," Bayer said.

There is little he can do. So he has been telling veterans who have called to contact their state legislators.

"Whoever holds the purse strings for the Department of Veterans Affairs is ultimately the Legislature. It's their constituents who are calling me," Bayer said. "It kind of puts me in the position

... the only way I can advocate for the veteran is to send them to the legislators."

Kathy Lehsten was surprised when her father, Ray Lafferty, called about a month ago saying he had to move out of the veterans home. He's happy there. He's been happy ever since he moved to the home four years ago.

Lehsten and her father agreed that it was a good place to move. Lafferty had lived at much more expensive facility in Greendale, where his daughter lives. Lehsten thought the veterans home was going to be more affordable and she and her father have made accommodations for past rent increases. The most recent increase is too much, she said, and it comes without any explanation from officials as to why it is needed.

"The whole fact that they are even doing this to the veterans is appalling. This is about the most disrespectful thing I've heard of being done," Lehsten said. "These people fought for our freedom and they're treating them like this."

--Larry Scott⁷⁵

Number 5 sheds some light on a situation that is budgetary in nature, and today has become a major question of ethics and finance. Namely, how much is a veteran's comfort worth the government, eg. taxpayers, paying? In times such as the present, the state is being forced to look at every penny it dispenses, and the VA is of no exception. The VA provides for certain benefits, among them is to assist veterans who are living in veteran homes with making the monthly payments for their stay. As budgets become tighter, and as services increase in cost, the government is being forced to reconsider how much it can provide per soldier per month.

Complaints such as this one are becoming more and more prevalent, and they will likely persist for another decade or so due to the enormous numbers of WWII veterans that live in the US. Most of these veterans paid federal income taxes for most of their lives, and since the VA is a *political* program, they feel that they deserve more than what they are receiving. If the VA

⁷⁵ www.VAwatchdog.org

were the Red Cross, this would not be an issue, which should serve as evidence of the *political* nature of the VA.

6. *Veterans served their country bravely at war and many returned home to face unemployment and financial ruin. Many veterans in Southwest Florida are struggling to find work and support their families, and each day more and more of them are turning to the American Red Cross for help.*

Steven Comstock served in Korea and Afghanistan. He helped Floridians through Hurricane Charley, but protecting his family from bankruptcy is a different battle.

"I'm having a hard time getting work. It's rough, but we're still making what bills we can," said Comstock.

Unemployed for more than a year, Comstock is about to lose the Cape Coral home he shares with his wife Lydia. Even so, he would rather make sacrifices than ask for help.

"Leave it for the veterans who need it," said Comstock of his attitude toward accepting assistance.

But there's one sacrifice he won't make. His wife's father died last week at his home in the Philippines. Comstock wasn't about to let his wife Lydia miss the chance to grieve with her family.

"I need to get you home somehow," he told her. "I started seeing what I could do, borrow money from people but my friends are all in the same situation."

Comstock contacted the Red Cross, and before he knew it his wife was on a flight to the Philippines.

Heidi Ruster, the executive director of Lee County's chapter of the Red Cross, says many of the military members contacting the Red Cross are just trying to get by.

"Most of it is just a basic overall need budget-wise, you know a person thinks they've got things going along fine then all of a sudden their job is lost or they come back and they can't find a job," said Ruster. "They need help with mortgage, help with utilities, that kind of thing."

The number of Southwest Florida veterans asking for help has jumped 25-percent in the last six months.

Because of recent grants, the Red Cross is expanding their offerings to keep up. Now for many veterans it all comes down to pride, something Comstock says shouldn't keep anyone from getting the help they need.

"If it's something you need to do, do it. Don't be afraid," said

Comstock.

The Red Cross supports veterans, active military members and their families.

---Larry Scott⁷⁶

Number 6 is a fine example of why the VA is different from a charitable organization such as the Red Cross, and why there are different attitudes by the veterans towards the two different types of programs available to US veterans. Simply put, veterans tend to believe that they merited assistance from the VA, while their approach to the Red Cross is that it is an organization that is only to be approached when life has truly become too difficult to face alone. In other words, the Red Cross will never face the level of scrutiny that the VA does because of one important difference: the Red Cross has a charitable foundation, while the VA has a political one. The Red Cross is seen as a place where a veteran can turn for assistance concerning something *extra*, while the VA is there to attempt to provide the essential basics required for a decent standard of living for American veterans.

7. The U.S. Veterans Affairs Office of Inspector General has launched a criminal investigation into a security breach of veterans' medical information at the Atlanta Veterans Administration Medical Center, according to an internal document obtained by The Atlanta Journal-Constitution.

The inspector general is investigating a report that a physician assistant stored unauthorized clinical information on her personal laptop regarding veterans who were seen at one of the VA specialty clinics, according to the document.

The document said there are reportedly two sets of patient information involved -- one that includes more than 18 years of data, and another that includes up to three years of data.

⁷⁶ www.VAwatchdog.org

The agency has yet to determine how many veterans are affected or the degree to which the data contained personal and medical information.

In late December, the physician assistant revealed to a VA nurse scientist that she had been recording clinical data from patient encounters on her personal laptop, the document said. The worker asked the nurse if she could use the data for "research purposes" not related to the VA.

The nurse replied that such work was not permitted and asked the worker to destroy the data.

"After multiple follow-up conversations and receiving no confirmation from the (physician's assistant) that she had destroyed the data, the nurse scientist notified the ... compliance officer of the issue on 2/8/10," the document said.

The physician assistant, hired in October of 2009, resigned effective Feb. 28.

The inspector general's office has reviewed the personal laptop and found multiple documents on the device "that appeared to have come from an unapproved research project."

Katie Roberts, the press secretary for the VA, confirmed the investigation.

"The results of the investigation and analysis will help determine whether to send notifications and offers of credit protection services to the affected veterans," Roberts said in a prepared statement.

She declined further comment, as did officials at the Atlanta VA Medical Center.⁷⁷

In an attempt to cover most of the bases concerning the majority of veterans' complaints, number 7 refers to a uniquely 21st century concern: Identity Theft. In the US, there have been numerous examples of governmental programs compromising the identities of US citizens. Usually, these types of incidences occur when a worker, or an intern at an Ohio state office in my mother's situation, takes home an official laptop computer which is then stolen from a home or automobile. In what can seem like a routine burglary, an extremely complicated and expensive

⁷⁷ Schneider, Craig. "Security Breach at Atlanta VA Hospital Under Investigation", *The Atlanta Journal-Constitution*, March 12, 2010. <http://www.ajc.com/news/dekalb/security-breach-at-atlanta-365828.html>

situation is developed whereby the government is now responsible for ensuring that the names and identities contained on the stolen computer or list will be protected against any possible attempt to forge their identity. What can happen when this occurs is that a cyber-thief may attempt to take out a loan or hack into a bank account based on the stolen identities in his possession. In such cases, the onus lies with the government to remedy this situation as best it can.

As can be understood in the above quotation, this has unfortunately happened within the VA. In most cases, the public concern far outweighs any future criminal attempts at their identities, but nonetheless, the VA has had to make it known publicly when this has occurred and take the very expensive steps required to correct the situation. With a charitable organization there would undoubtedly be a bit of public outcry, but when this type of situation happens with a political organization, the outcry is deafening.

The Positive

In seeking to end this chapter on a more positive note, the good opinions will now be addressed. As was mentioned beforehand, it is human nature to be more enthused about voicing a negative opinion than about voicing a positive one. Though, as will soon be seen, the VA is nonetheless doing a pretty good job in dealing with situations that were absolute nightmares to begin with.

Below some of the positive remarks will be examined.

8. The VA has improved greatly and is now ahead of private systems for delivery of care and patient safety. The VA has become the leader for safety in having computerized records, where patients are able to assess their records at any VA hospital for one.

Doctor's orders are now computerized to decrease the medication ordered from confusion, nursing administered medication by using BCMA, Barcode medication administration, and a "Time out" before during any invasive procedure are a few improvements.

Unfortunately the personnel involved in these situations you have cited did not follow the VHA directive on patient safety. Each VA has had to develop a policy for "time out" before all procedures. I would like to also inform you that it is the broken process for these unfortunate instances to occur, not personnel but the process if they have establish marking of surgical sites and time out; there are instances in the private sector where wrong site surgery have taken place.

All hospitals are accredited by the same body, Joint Commission of Healthcare, both VA and the private sector. Another note is Walter Reed Medical Center, is not VA, it is for active duty soldiers that has been injured. Walter Reed is for the ARMY by the ARMY, it is not the VA, Veteran Administration⁷⁸.

Number 8 makes a few really valuable points when analyzing the VA and its performances. Firstly, this comes from a personal acquaintance who works in the VA system as a medical doctor. When asked for her opinion, she pointed me in the direction of a forum she had recently posted on. She points out that unlike all other medical systems in the US, the VA functions as a national medical care delivery system. As such, medical records are easily accessed from anywhere within the VA system, which is only beginning to happen for all of the civilian medical care delivery systems. By having electronic files, an Indiana veteran who falls ill while on vacation in Florida is able to drop by the nearest VA facility, and the doctors on call will have the exact same access to his medical files as would his regular doctors in Fort Wayne, for instance.

⁷⁸ For more information on the Walter Reed situation, see this link: <http://www.washingtonpost.com/wp-srv/nation/walter-reed/index.html>

Another point of note is that many times unhappy veterans misplace their frustrations. If left up to the private sector, most of these types of veterans would simply be ignored as they would cost too much to insure, and would in the end lead to many problems that the private sector could not even begin to address. So, they end up at the local VA, oftentimes in quite deplorable physical conditions. When faced with the fact that nothing can be done alleviate their lot, they turn on and complain to the only people to which they have access. While some of their complaints about the performances of doctors may be legitimate, the vast majority are either problems with the VA process (situations take too long), or simply frustration that their maladies are not curable.

Lastly, there was the relatively recent debacle of the Walter Reed Medical Center. A less commonly-known fact is that Walter Reed was not actually part of the VA system, but was an *Army* installation. What transpired there was reprehensible, and all the national furor that Walter Reed received was justifiable; but, it remains that fact that this was not a VA hospital, nor was it under the VA's auspices.

En sum, for all its faults the VA system has improved itself over the years, and considering that the VA deals with situations that would not be addressed by the private sector, the VA shows the benefits of having a *political* organization to address the most basic services for the most vulnerable population.

9. I am an Agent Orange related soldier with Type II diabetes with complications of Arterial Fibrillation, Heart attack, Stents, ED, and Diabetic Retinopathy. I cannot work and was approved for free VA care this year after about one month after applying. I have seen the necessary MD's and Specialists to confirm diagnosis and treat these problems. I have been notified that I will receive

compensation, tax free, of \$800-\$2700/month. I can only thank the VA and the providers for their good service.

Number 9 reverts back to the Agent Orange situation, but this time around we can see that while most of the stories involving Agent Orange are very negative, there are some instances of some relatively positive outcomes. This VA review is evidence of what the VA system is capable of doing. While it cannot reverse the damage that has been wrought by Agent Orange, it can provide for a support system that will ease some of the stress that comes with any sort of expensive medical care. Without the VA there to provide the basic foundation, veterans struggling with Agent Orange related illnesses would not be treated.

10. Are you satisfied with your health care? If you're a veteran in the Department of Veterans Affairs health care system, the answer is overwhelmingly, yes! For the fifth year in a row, the independent American Customer Satisfaction Index (ACSI) found veterans are happier than most Americans with the health care they receive.

"It comes as no surprise to me that veterans rate their health care higher than other Americans rate their private-sector health care," said Secretary of Veterans Affairs Anthony J. Principi. "VA's goal is to provide world-class service to America's veterans in every aspect of our mission, and the results of this rating show that we are doing just that."

The Secretary's comments came with the release of a respected independent study that showed veterans gave VA health care a rating of 91 for customer satisfaction on a 100-point scale. The rating system's creator, the American Customer Satisfaction Index (ACSI), said the results "should be considered a benchmark for (federal) agencies."

Veterans also gave VA's inpatient hospital services a rating of 84 and outpatient services a rating of 83, compared to private-sector patients giving their health care providers ratings of 79 and 81, respectively. VA also rated highly -- 92 -- in veteran loyalty, meaning that nearly all veterans under VA care intend to continue using VA and speak positively to others about their experiences.

Since 1994, the ACSI survey has been a national measurement of customer satisfaction with the quality of goods and services in the United States. ACSI produces indices of satisfaction for seven economic sectors, 41 industries, 200 private sector companies and two types of local government services.

VA's strong showing came after two weeks of interviews with veterans who have used the Department's services recently. The report was produced by the National Quality Research Center at the University of Michigan Business School, the CFI group, and the Federal Consulting Group.⁷⁹

Lastly, number 9 details a reliable study into how veterans view the service administered by the VA. While all of the other excerpts were anecdotal in nature, where a veteran had to provide actively his/her opinion, number 9 relies on surveys actively seeking the opinions of veterans. In other words, instead of waiting for veterans to provide a response (which will usually tend to be more negative than positive), the various consulting groups performing the study take the initiative and contact the veterans. Thus, many veterans were able to give their views on the VA who would not have been counted otherwise, since they felt no imperative to voice their concerns with the VA services. Of course, one would need to consider who was paying for the survey (the government), but when upwards of 80% are pleased with the service they receive from the VA, that more than compensates for the source of the survey.

In 2003, the federal government released the following assessment of the VA:

Disability and Pension Claims Processing

Ineffective

VA systems and processes should be flexible to address an ever-changing, demand-driven environment. VA is automating its existing processes slowly but needs to identify and remedy the

⁷⁹ United States Department of Veterans Affairs. "Vets give VA top health-care rating---five years in a row" November 4, 2004. <http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=893>

underlying causes of sluggish processing. It must modernize its information technology capabilities.

Care for Disabled and Low-Income Veterans

Ineffective

VA's medical care system's ability to provide timely and high-quality care to its core disabled and low-income veterans is being jeopardized by the rapid increase of other veterans receiving VA care.

Cemetery Benefits

Effective

The National Cemetery Administration strives to provide high quality, courteous, and responsive service in all of its contacts with veterans and their families. Of survey respondents, 92 percent rate the services provided by the national cemeteries as excellent. However, improvements can be made in cemetery system planning.

Health Care Quality

Effective

VA is a recognized leader in health care quality and has been at the forefront of innovations such as bar coding of prescription drugs, computerized patient records, and medical error reporting.

Medical Care Infrastructure Assessment (CARES)

Unknown

VA has fallen eight months behind schedule on the first of 22 regional studies, and it is yet unclear whether future studies will benefit from correcting weaknesses identified in the first study.

It is important to note that even though a certain assessment sector may be labeled as *ineffective*, that does not necessarily mean that it is failing. Many times it is simply not living up to the high standards set forth by the government. Ironically, the sectors labeled *ineffective* have

the lowest rates of voiced complaints from the veteran population, while the Healthcare-related sector is usually the most criticized by veterans, but is rated as *effective* by this study.

Conclusion

It is safe to say that, by and large, the VA system is beneficial to American veterans. This is certainly the case when we consider the how low the starting points are before the VA is even called into action in helping a veteran. All success or failure must be viewed as *relative*, and if it is neglected that the VA assumes control over cases that would not even be addressed by most private health care delivery systems, we must weigh the outcomes against where the veteran was when he first approached the VA in search of medical assistance.

In this chapter, the majority of the space has been devoted to covering the medical side of the VA in regards to veterans' viewpoints. This is because the other side of the VA, the benefits side, is unarguably a grand success. It simply goes without saying that the GI Bill provisions have been some of the most remarkable governmental successes in the history of the US. For this reason, it has been the medical side that has assumed most of the focus, since there is much more to address on this side.

Every system is bound to have some failings, and the VA is of no exception. Yet, it has been shown to be about as good as it could possibly be considering the situations in which it becomes involved. If left simply to the private sector, most of the veterans would be neglected. If left to the charitable/ethnic/religious organizations, many of the veterans would not be able to find a suitable organization. In addition, none of these organizations would have the requisite funds to take on such a gargantuan endeavor. This leaves the *political* organization as the last hope to assist US veterans, and the VA has done an admirable job in performing its tasks. It is

not perfect, by any means, but the thought of where US veterans would be without it is too brutal to even conceptualize.

IX. The VA of the 21st Century

The VA has certainly evolved over the last century or so, and due to its political nature its reaction to new and differing problems involving American veterans, it is logical to assume that the VA will continue to tweak its parameters to deal with the newly-arrived realities. A thorough exploration into the philosophical foundations upon which the VA was created would not be entirely complete without a general look into the future, and of what will likely become of the *nature* of the VA in dealing with the realities that it will continue to face. Not even ten years ago did many in Washington fathom that a War on Terror was about to unfold, so whenever one attempts to predict the future there will always be many inaccuracies. The point, however, is to demonstrate how a *political* program is by definition flexible, and this adaptability is what allows the VA to stay as relevant as it does. Not to mention, this reinforces the important aspect of differentiating the true definition of what is meant by *political* in a political science regard.

This chapter will consist primarily of conjectures of how the VA will develop over the next decade or so. Yet, it is important to understand that the very basic fundamentals of the VA will not change; barring some calamitous situation that results in a very significant restructuring of American society and government. Therefore, in this section emphasis will be given principally to the nuances that may need a small restructuring in order to deal satisfactorily with the needs of America's veterans.

Firstly, it is important to know the size of the veteran population in the US. Below is a table indicating the percentage of the population that is a veteran or an active soldier in the US military.

Percent of Veteran Population per State

Rank	States	Amount ▼
# 1	<u>Alaska:</u>	16.2 %
# 2	<u>Montana:</u>	15.1 %
# 3	<u>Maine:</u>	14.5 %
# 4	<u>Virginia:</u>	14.2 %
# 5	<u>Wyoming:</u>	14.1 %
# 6	<u>Oklahoma:</u>	14 %
# 7	<u>West Virginia:</u>	13.8 %
# 8	<u>Washington:</u>	13.7 %
= 9	<u>Arkansas:</u>	13.6 %
= 9	<u>South Dakota:</u>	13.6 %
= 11	<u>Delaware:</u>	13.5 %
= 11	<u>Florida:</u>	13.5 %
= 13	<u>Idaho:</u>	13.4 %
= 13	<u>Arizona:</u>	13.4 %
= 15	<u>New Hampshire:</u>	13.2 %
= 15	<u>New Mexico:</u>	13.2 %
= 15	<u>Vermont:</u>	13.2 %
= 18	<u>Nevada:</u>	13 %
= 18	<u>South Carolina:</u>	13 %
# 20	<u>Oregon:</u>	12.9 %
= 21	<u>Missouri:</u>	12.8 %
= 21	<u>Alabama:</u>	12.8 %
= 23	<u>Nebraska:</u>	12.5 %
= 23	<u>Kansas:</u>	12.5 %
= 23	<u>Colorado:</u>	12.5 %
= 26	<u>Maryland:</u>	12.2 %
= 26	<u>Hawaii:</u>	12.2 %
# 28	<u>Pennsylvania:</u>	12.1 %

Rank	States		Amount ▼
= 29	<u>North Carolina:</u>	12 %	
= 29	<u>Ohio:</u>		12 %
# 31	<u>North Dakota:</u>	11.9 %	
# 32	<u>Rhode Island:</u>		11.8 %
# 33	<u>Tennessee:</u>	11.7 %	
# 34	<u>Iowa:</u>		11.5 %
= 35	<u>Indiana:</u>	11.3 %	
= 35	<u>Kentucky:</u>		11.3 %
= 35	<u>Wisconsin:</u>	11.3 %	
# 38	<u>Louisiana:</u>		11.2 %
= 39	<u>Mississippi:</u>	11.1 %	
= 39	<u>Michigan:</u>		11.1 %
= 39	<u>Georgia:</u>	11.1 %	
# 42	<u>Minnesota:</u>		11 %
# 43	<u>Texas:</u>	10.5 %	
# 44	<u>Connecticut:</u>		10.3 %
# 45	<u>Massachusetts:</u>	9.9 %	
# 46	<u>Illinois:</u>		9.5 %
# 47	<u>Utah:</u>	9.3 %	
= 48	<u>California:</u>		8.8 %
= 48	<u>District of Columbia:</u>	8.8 %	
# 50	<u>New Jersey:</u>		8.7 %
# 51	<u>New York:</u>	7.9 %	
	Weighted average:		12.1 %

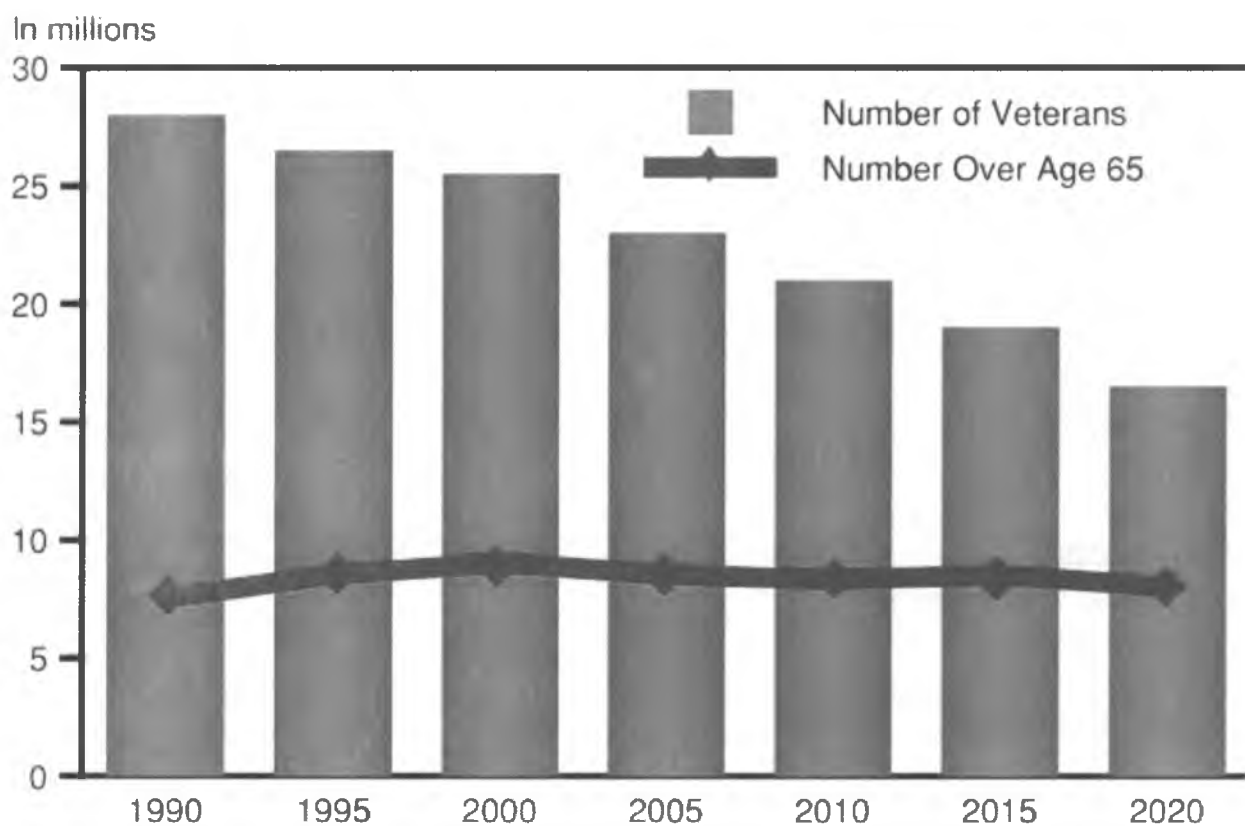
DEFINITION: Percent of the Civilian Population 18 Years and Over Who are Veterans, 2004

SOURCE: American Community Survey 2004

As is clearly the case, the US will have a very sizable veteran population for the foreseeable future. In fact, the 12.1% US average is probably undercounting the true veteran population size, since this was taken in 2004. With Iraq and Afghanistan still being fought, the number of currently enlisted soldiers would be higher than in the sample used for the above graph.

As for future projections concerning the average age of American veterans, and their nominal population, the White House has the following graph:⁸⁰

Veterans Population Projections



Source: Department of Veterans Affairs.

80

<http://www.google.com/imgres?imgurl=http://www.whitehouse.gov/omb/budget/fy2003/images/bud23a.jpg&imgrefurl=http://www.whitehouse.gov/omb/budget/fy2003/bud23.html&usq=7kch1eVJ52WydEsN4B4bQSi-lqg=&h=487&w=640&sz=45&hl=en&start=4&sig2=1gTViVcAJdJLit1t4IFdFg&um=1&itbs=1&tbnid=uKnz9fRKfmyoeM:&tbnh=104&tbnw=137&prev=/images%3Fq%3Daverage%2Bage%2Bof%2BUS%2Bveterans%2Bgraph%26um%3D1%26hl%3Den%26client%3Dfirefox-a%26sa%3DN%26rls%3Dorg.mozilla:en-US:official%26tbs%3Disch:1&ei=H7r9S4XZFIOclgeBhvngCQ>

As can be seen on the above graph, the overall number of veterans has been decreasing. Moreover, it is expected to continue to decrease as the more *troop-intensive* conflicts such as WWII, Korea, and Vietnam move further into the past. The US still manages to keep a fairly high number veterans, especially as compared to other industrialized countries, but these more modern conflicts rely increasingly on technology, and much less importance is being placed on troop levels. In fact, public sentiment and pressures almost guarantees that troop levels will remain relatively modest when compared to military endeavors of the past.

As the VA states it:

Today, there are 25 million veterans, but in the next 20 years this number will decline by one-third, to 17 million (as shown in the accompanying chart). Although VA is charged with providing services to the entire veteran population, fewer than one in five veterans participate in VA programs. The decline in population ultimately will mean that fewer veterans will seek medical care, monthly disability benefits, and burials at VA cemeteries. However, on the immediate horizon, there will be increased usage of some VA benefits and services, as veterans age and more women draw on them. The imperative of recognizing veterans' contributions to the nation means that VA's strategy, business plan, and infrastructure will need to adapt to ensure top-quality services and be flexible enough to handle changing dynamics and waning population.⁸¹

There are more people who will depend on the VA than just the veterans themselves.

The VA estimates that nearly a quarter of the US's population, or roughly 63 million Americans, are potential recipients of VA assistance.⁸² Even assuming that no more major military

⁸¹ www.whitehouse.gov/omb/budget/fy2003/bud23.html

⁸² www1.va.gov/opa/publications/archives/docs/history_in_brief.pdf

campaigns are waged in the next 20 years, there will be tens of thousands of Americans eligible for VA benefits through their parents or spouses. In other words, the VA will not be fading into inexistence any time soon.

So the question begs, *Does this political program change drastically in the near future?* The simple answer to this is, no. As with other *political* programs such as Social Security, Medicare, or Unemployment, the VA is viewed as *earned* and therefore there is no widespread support for its elimination or even scaling down. In addition, just as with the other aforementioned governmental programs, the VA will simply need slight modifications over the next few decades to more appropriately deal with whatever the current circumstances are.

The VA of the future will, undoubtedly, strongly resemble the VA of today in its organization and foundation. While the numbers will likely decrease over time due to changes in the nature of warfare, and demographical changes in the average number of children US veterans have, the organizational aspects will not change substantially. One of the main reasons why this is the case is due to the *political* nature of the VA. Any other kind of foundation to the VA, and it would be forced to change itself drastically to fit current situations; however, thanks to the *political* nature of the VA it will continue to function just as it has been since it was created nearly 80 years ago.

X. Conclusion

It may seem a mere matter of semantics, or a small nuance that is being made into some over-arching theory, but the *political* nature of the VA is exactly why it has been able to function as relatively successful as it has. If its foundation had been anything other than *political* (eg.

charitable, socio-economic, ethnic, etc.), the VA would not have succeeded in providing basic services to the millions of Americans who are eligible for its benefits.

The VA assumes patients who are many times dealing with catastrophic injuries. Often it can be considered a minor miracle that some of the soldiers even survived their injuries, so the VA and its efficacy must be regarded *relatively* to where the soldier or veteran was before any of the services were rendered. In a country of over 300 million citizens with ancestries originating in nearly 200 different countries, and with all major religions present in large numbers, the only effective outreach that would have any chance at success had to be one that was devoid of any characteristic that separates the American population. The only aspect that unites all veterans is their being *American*. The only way to create an outreach organization that could service all of the country's veteran population would be to create it at a *political* level. A successful VA system had have its roots planted by the federal government, and it had to be organized in a *political* fashion that would allow it to operate without regard to the many differences that are to be found in a multi-cultural society.

In today's lexicon, the term *political* is most often used in a derogatory voice, whereby government corruption is labeled as such in a derisive manor. This is absolutely not the connotation of the term that has been employed throughout this paper. The VA's *political* nature lies in the way it was originally created by the federal government of the US, paid for with tax receipts, and based solely on whether the American in question served in the armed forces. Organized by the state, the VA is in the end merely an extension of the American people.

Once the meaning of the term *political* is properly understood within this context, it is advantageous to note that much of the success of the VA has been a direct result of its Washington-led foundation. Though it may appear to be a minor detail, it is the thesis of this paper that this detail is actually what set the VA up for success. Even small details that are many times overlooked have played important roles in determining whether an organization or a cause will succeed, and this is the case here.

The VA was created *politically* to solve an impending calamity that could have easily devolved into a riotous situation in many of the major American cities. To have thousands of angry veterans running amok in Washington, DC, New York, or Chicago would have brought those cities to a standstill. What would have been the government's response? To tear gas and subsequently imprison the very men who were sent to Europe to fight on behalf of the country would not have played out very well for the state. Something had to be done to calm the collective anxiety, and the VA was just that type of institution. A program that would provide for all veterans regardless of their personal characteristics and one that was not to be seen as a free handout. This was a *political* solution to a *societal* problem.

List of Veterans Affairs medical facilities

Alabama	Birmingham	VA Medical Center
	Montgomery	Central Alabama Veterans Health Care System West Campus
	Tuscaloosa	VA Medical Center
	Tuskegee	Central Alabama Veterans Health Care System East Campus
Outpatient Clinic	Mobile	VA Gulf Coast Health Care System - Mobile Outpatient Clinic
Community Service Program	Huntsville	Mental Health Clinic
Community Based Outpatient Clinic	Dothan	Clinic
	Gadsen	Clinic
	Huntsville	Clinic
	Jasper	Clinic
	Madison	Madison/Decatur Clinic
	Oxford	Anniston/Oxford Clinic
	Sheffield	Shoals Area Clinic
Arizona		
Service	City	Facility
VA Medical Center	Phoenix	Carl T. Hayden VA Medical Center
Community Based Outpatient Clinic	Anthem	Anthem CBOC
	Bellemont	Clinic
	Buckeye	Clinic
	Casa Grande	Clinic
	Cottonwood	Clinic
	Fort Huachuca	Sierra Vista Clinic
	Green Valley	Clinic
	Kingman	Clinic
	Lake Havasu City	City Clinic
	Mesa	Clinic
	Payson	Clinic
	Safford	Clinic
	Show Low	Clinic
	Sun City	Clinic
	Yuma	Clinic
Arkansas		
Service	City	Facility
VA Medical Center	Fayetteville	VA Medical Center
	Little Rock	Central Arkansas Veterans Healthcare System, John L. McClellan Memorial Veterans Hospital
	North Little Rock	Central Arkansas Veterans Healthcare System, Eugene J. Towbin Healthcare Center
Community Based Outpatient Clinic	Paragould	Clinic
California		
Service	City	Facility
VA Medical Center	Fresno	VA Central California Health Care System

	Livermore	
	Loma Linda	VA Loma Linda Healthcare System
	Long Beach	VA Long Beach Healthcare System
	Los Angeles	VA Greater Los Angeles Healthcare System (GLA)
	Menlo Park	Menlo Park
	Palo Alto	VA Palo Alto Health Care System
	Sacramento	VA Northern California Health Care System
	San Diego	VA San Diego Healthcare System
	San Francisco	San Francisco VA Medical Center
Outpatient Clinic	Atwater	VA Castle OPC
	Auburn	Sierra Foothills Outpatient Clinic
	Capitola	Clinic
	Chico	Outpatient Clinic
	Eureka	Veterans Clinic
	Fairfield	Outpatient Clinic
	French Camp	Stockton Clinic
	Los Angeles	Ambulatory Care Center
	Los Angeles	West Los Angeles Ambulatory Care Center
	Martinez	Outpatient Clinic
	Modesto	Clinic
	Oakland	Mental Health Clinic
	Oakland	Oakland Outpatient Clinic
	Redding	Outpatient Clinic
	Sacramento	McClellan Dental Clinic
	Sacramento	McClellan Outpatient Clinic
	Sacramento	Sacramento Mental Health Clinic
	San Diego	Mission Valley
	San Francisco	VA 13th & Mission Outpatient Clinic
	San Jose	Clinic
	Santa Barbara	Santa Barbara CBOC
	Santa Rosa	Clinic
	Seaside	Monterey Clinic
	Sepulveda	Ambulatory Care Center
	Sonora	Clinic
	Tulare	VA South Valley OPC
	Ukiah	VA Ukiah Community Based Outpatient Clinic
	Vallejo	Mare Island Outpatient Clinic
Community Based Outpatient Clinic	Anaheim	
	Bakersfield	Community Based Outpatient Clinic
	Brawley	Imperial Valley
	Chula Vista	South Bay
	City of Commerce	East Los Angeles
	Corona	Corona
	Escondido	
	Gardena	
	Lancaster	
	Lompoc	Lompoc
	Lynwood	South Central
	Oxnard	Oxnard
	Palm Desert	
	Pasadena	
	San Luis Obispo	Pacific Medical Plaza

	Santa Ana	Bristol Medical Center
	Santa Paula	CBOC
	Sun City	
	Upland	
	Ventura	CBOC
	Victorville	
	Vista	
Colorado		
Service	City	Facility
VA Medical Center	Grand Junction	VA Medical Center
Community Based Outpatient Clinic	Alamosa	Alamosa /San Luis Valley Clinic/Sierra Blanca Med. Ctr.
	Aurora	Outpatient Clinic
	Colorado Springs	Clinic
	Durango	Durango Clinic
	Fort Collins	Outpatient Clinic
	Greeley	Outpatient Clinic
	La Junta	Clinic
	Lakewood	Outpatient Clinic
	Lamar	Lamar Clinic/High Plains Community Health Center
	Montrose	VA Community Clinic
	Pueblo	Clinic
Connecticut		
Service	City	Facility
VA Medical Center	Newington	VA Connecticut Healthcare System Newington Campus
	West Haven	VA Connecticut Healthcare System West Haven Campus
Community Based Outpatient Clinic	Danbury	Outpatient Clinic
	New London	John J. McGuirk VA Outpatient Clinic
	Stamford	Outpatient Clinic
	Waterbury	Outpatient Clinic
	Willimantic	Windham Outpatient Clinic
	Winsted	Outpatient Clinic
Delaware		
Service	City	Facility
VA Medical Center	Wilmington	VA Medical Center
Community Based Outpatient Clinic	Millsboro	VA Primary Care Clinic (460GA)
District of Columbia		
Service	City	Facility
VA Medical Center	Washington	Washington DC VA Medical Center
Community Based Outpatient Clinic	Washington	Community Clinic-Southeast
[edit] F		

[edit] Florida		
Service	City	Facility
VA Medical Center	Bay Pines	VAMC
	Gainesville	Malcom Randall VAMC, NF/SGVHS
	Lake City	VAMC, NF/SGVHS
	Miami	VAMC
	Tampa	James A. Haley VAMC
	West Palm Beach	VAMC
Outpatient Clinic	Daytona Beach	William V. Chappell, Jr., VA OPC
	Fort Myers	OPC
	Jacksonville	OPC
	New Port Richey	OPC
	Oakland Park	OPC
	Orlando	VA Healthcare Center
	Panama City Beach	VA Gulf Coast Health Care System - Panama Outpatient Clinic
	Pensacola	VA Gulf Coast Health Care System - Pensacola Outpatient Clinic
	Tallahassee	Tallahassee OPC
	Viera	Viera OPC
Community Based Outpatient Clinic	Avon Park	CBOC
	Boca Raton	CBOC
	Brooksville	CBOC
	Coral Springs	CBOC
	Deerfield Beach	CBOC
	Delray Beach	CBOC
	Dunedin	CBOC
	Ellenton	CBOC
	Fort Pierce	CBOC
	Hollywood	VA CBOC
	Hollywood	Pembroke Pines/Hollywood CBOC
	Homestead	Homestead CBOC
	Inverness	CBOC
	Key Largo	CBOC
	Key West	CBOC
	Kissimmee	CBOC
	Lakeland	CBOC
	Leesburg	CBOC
	Miami	Miami Outpatient Substance Abuse Clinic (OSAC)
	Naples	CBOC
	Ocala	CBOC
	Okeechobee	CBOC
	Port Charlotte	CBOC
	Sanford	CBOC
	Sarasota	CBOC
	St. Augustine	CBOC
	St. Petersburg	CBOC
	Stuart	CBOC
	The Villages	CBOC
	Vero Beach	CBOC
	Zephyrhills	CBOC

[edit] Georgia		
Service	City	Facility
VA Medical Center	Augusta	VA Medical Center
	Decatur	Atlanta VA Medical Center
	Dublin	Carl Vinson VA Medical Center
Community Based Outpatient Clinic	Albany	Clinic
	Columbus	Clinic
	Decatur	Atlanta (Midtown) Clinic
	Lawrenceville	Clinic
	Macon	Clinic
	Oakwood	NE Georgia/Oakwood Clinic
	Savannah	Clinic
	Smyrna	Clinic
	Valdosta	CBOC
[edit] Guam		
Service	City	Facility
Outpatient Clinic	Agana	Guam Outpatient Clinic
Community Based Outpatient Clinic	Agana Heights	VA Guam Community Based Outpatient Clinic
[edit] H		
[edit] Hawaii		
Service	City	Facility
VA Medical Center	Honolulu	VA Pacific Islands Health Care System
Community Based Outpatient Clinic	Hilo	VA Hilo Community Based Outpatient Clinic
	Hilo	VA Hilo PTSD Residential Rehabilitation Program
	Kahului	VA Maui Community Based Outpatient Clinic
	Kona	VA Kona Community Based Outpatient Clinic
	Lihue	VA Kauai Community Based Outpatient Clinic
[edit] I		
[edit] Idaho		
Service	City	Facility
VA Medical Center	Boise	VA Medical Center
Community Based Outpatient Clinic	Pocatello	Outpatient Clinic
[edit] Illinois		
Service	City	Facility
VA Medical Center	Chicago	Jesse Brown VA Medical Center
	Danville	VA Illiana Health Care System
	Hines	Edward Hines Jr. VA Hospital
	Marion	VA Medical Center

	North Chicago	North Chicago VA Medical Center
Outpatient Clinic	Aurora	Clinic
	Chicago	Beverly (Chicago) Clinic
	Chicago	Lakeside Clinic
	Chicago Heights	Chicago Heights Clinic
	Elgin	Clinic
	Evanston	Clinic
	Joliet	Clinic
	La Salle	Clinic
	Manteno	Clinic
	McHenry	Clinic
	Oak Lawn	Clinic
	Oak Park	Clinic
	Rockford	Clinic
Community Based Outpatient Clinic	Belleville	Clinic
	Decatur	VA Outpatient Clinic
	Effingham	Clinic
	Effingham	VA Outpatient Clinic
	Freeport	Clinic
	Galesburg	VA Clinic
	Mt. Vernon	Clinic
	Peoria	VA Outpatient Clinic
	Quincy	VA Clinic
	Springfield	VA Outpatient Clinic
[edit] Indiana		
Service	City	Facility
VA Medical Center	Fort Wayne	VA Northern Indiana Health Care System - Fort Wayne Campus
	Indianapolis	Richard L. Roudebush VA Medical Center
	Marion	VA Northern Indiana Health Care System - Marion Campus
Outpatient Clinic	Crown Point	Adam Benjamin, Jr. OPC
	Evansville	Outpatient Clinic
Community Based Outpatient Clinic	Bloomington	VA Outpatient Clinic
	Evansville	Clinic
	Hagerstown	Richmond VA Outpatient Clinic
	Lawrenceburg	Dearborn County Community Based Outpatient Clinic
	Muncie	Muncie/Anderson VA Outpatient Clinic
	Richmond	Community Based Outpatient Clinic
	South Bend	VA Outpatient Clinic
	Terre Haute	Haute VA Outpatient Clinic
	West Lafayette	VA Outpatient Clinic
[edit] Iowa		
Service	City	Facility
VA Medical Center	Des Moines	Division - VA Central Iowa Health Care System
	Iowa City	VA Medical Center
	Knoxville	Division - VA Central Iowa Health Care System
Community Based Outpatient Clinic	Bettendorf	VA Clinic
	Dubuque	VA Clinic
	Fort Dodge	VA Clinic

	Mason City	City VA Clinic
	Sioux City	City VA Clinic
	Waterloo	VA Clinic
[edit] K		
[edit] Kansas		
Service	City	Facility
VA Medical Center	Leavenworth	VA Eastern Kansas Health Care System - Dwight D. Eisenhower VA Medical Center
	Topeka	VA Eastern Kansas Health Care System - Colmery-O'Neil VA Medical Center
	Wichita	Robert J. Dole Department of Veterans Affairs Medical and Regional Office
Community Based Outpatient Clinic	Fort Dodge	Dodge City Clinic
	Fort Scott	Newman Young Clinic
	Hays	Clinic
	Kansas City	Wyandotte Clinic
	Liberal	Clinic
	Paola	Louisburg-Paola Clinic
	Parsons	Clinic
	Salina	Clinic
[edit] Kentucky		
Service	City	Facility
VA Medical Center	Lexington	VA Medical Center
	Louisville	VA Medical Center
Community Based Outpatient Clinic	Bellevue	CBOC
[edit] L		
[edit] Louisiana		
Service	City	Facility
VA Medical Center	Alexandria	VA Medical Center
	New Orleans	VA Medical Center, New Orleans, Louisiana
	Shreveport	Overton Brooks VA Medical Center
Outpatient Clinic	Baton Rouge	Clinic
	Jennings	Clinic
Community Based Outpatient Clinic	Lafayette	Clinic
[edit] M		
[edit] Maine		
Service	City	Facility
VA Medical Center	Augusta	Togus VA Medical Center
Community Based Outpatient Clinic	Bangor	Outpatient Clinic
	Calais	Outpatient Clinic
	Caribou	Aroostook County Outpatient Clinic
	Rumford	Outpatient Clinic
	Saco	Outpatient Clinic

[edit] Maryland		
Service	City	Facility
VA Medical Center	Baltimore	VAMC - VA Maryland Health Care System
	Perry Point	VAMC - VA Maryland Health Care System
Community Based Outpatient Clinic	Baltimore	Loch Raven VA Outpatient Clinic
	Cambridge	Outpatient Clinic
	Charlotte Hall	Southern Maryland VA Outpatient Clinic
	Cumberland	Outpatient Clinic
	Fort Howard	VA Outpatient Clinic
	Glen Burnie	Outpatient Clinic
	Greenbelt	Community Clinic-Greenbelt
	Hagerstown	Outpatient Clinic
	Pocomoke City	Outpatient Clinic
[edit] Massachusetts		
Service	City	Facility
VA Medical Center	Bedford	Edith Nourse Rogers Memorial Veterans Hospital
	Brockton	VA Boston Healthcare System, Brockton Campus
	Jamaica Plain	VA Boston Healthcare System, Jamaica Plain Campus
	Leeds	Northampton VA Medical Center
	West Roxbury	VA Boston Healthcare System, West Roxbury Campus
Community Based Outpatient Clinic	Boston	Outpatient Clinic
	Dorchester	Outpatient Clinic
	Fitchburg	Outpatient Clinic
	Framingham	Outpatient Clinic
	Gloucester	Outpatient Clinic
	Greenfield	Franklin County Outpatient Clinic
	Haverhill	Outpatient Clinic
	Hyannis	Outpatient Clinic
	Lowell	Outpatient Clinic
	Lynn	North Shore Outpatient Clinic
	Martha's Vineyard	Outpatient Clinic
	Nantucket	Outpatient Clinic
	New Bedford	Outpatient Clinic
	Pittsfield	Outpatient Clinic
	Quincy	Outpatient Clinic
	Springfield	Outpatient Clinic and Community Care Center
	Worcester	Outpatient Clinic
[edit] Michigan		
Service	City	Facility
VA Medical Center	Ann Arbor	VA Ann Arbor Healthcare System
	Battle Creek	VA Medical Center
	Detroit	John D. Dingell VA Medical Center
	Iron Mountain	VA Medical Center
	Saginaw	Aleda E. Lutz VA Medical Center
Outpatient Clinic	Hancock	Clinic
	Ironwood	Clinic
	Kincheloe	Sault Ste. Marie Clinic

	Marquette	Jacobetti Clinic
	Menominee	Clinic
Community Based Outpatient Clinic	Benton Harbor	VA Outpatient Clinic
	East Lansing	VA Outpatient Clinic
	Flint	VA Outpatient Clinic
	Gaylord	VA Outpatient Clinic
	Grand Rapids	VA Outpatient Clinic
	Jackson	VA Outpatient Clinic
	Muskegon	VA Outpatient Clinic
	Oscoda	VA Outpatient Clinic
	Pontiac	VA Outpatient Clinic
	Traverse City	VA Outpatient Clinic
	Yale	VA Outpatient Clinic
[edit] Minnesota		
Service	City	Facility
VA Medical Center	Minneapolis	VA Medical Center
	St. Cloud	VA Medical Center
Community Based Outpatient Clinic	Arlington	VA Clinic
	Blue Earth	VA Clinic
	Brainerd	VA Clinic
	Bricelyn	VA Clinic
	Chisholm	VA Clinic
	Elmore	VA Clinic
	Fergus Falls	Falls VA Clinic
	Gaylord	VA Clinic
	Hibbing	VA Clinic
	Janesville	VA Clinic
	Lake Crystal	VA Clinic
	Madelia	VA Clinic
	Maplewood	VA Clinic
	Mountain Iron	VA Clinic
	Nashwauk	VA Clinic
	Rochester	VA Clinic
	Springfield	VA Clinic
	St. James	VA Clinic
	Trimont	VA Clinic
	Waseca	VA Clinic
	Waterville	VA Clinic
	Winnebago	VA Clinic
	Winthrop	VA Clinic
[edit] Mississippi		
Service	City	Facility
VA Medical Center	Biloxi	VA Gulf Coast Veterans Health Care System
	Jackson	G.V. (Sonny) Montgomery VA Medical Center
[edit] Missouri		
Service	City	Facility

VA Medical Center	Columbia	Harry S. Truman Memorial
	Kansas City	VA Medical Center
	Poplar Bluff	John J. Pershing VA Medical Center
	St. Louis	VA Medical Center - John Cochran Division
Community Based Outpatient Clinic	Belton	Clinic
	Camdenton	Lake of the Ozarks Clinic
	Cape Girardeau	Clinic
	Farmington	Clinic
	Fort Leonard Wood	Clinic
	Kirksville	North East Missouri Health Council
	Mexico	Mexico VA Clinic / Missouri Veterans Home
	Nevada	Clinic
	St. Charles	Clinic
	St. James	VA Clinic / Missouri Veterans Home
	St. Joseph	Clinic
	St. Louis	Missouri Veterans Clinic
	West Plains	Clinic
[edit] Montana		
Service	City	Facility
VA Health Care System	Fort Harrison	VA Montana Health Care System (located 3 miles west of Helena)
Community Based Outpatient Clinic	Anaconda	Primary Care Clinic
	Billings	Community Based Clinic
	Bozeman	Primary Care Clinic
	Glasgow	Outpatient Clinic
	Great Falls	Primary Care Clinic
	Kalispell	Primary Care Clinic
	Lame Deer	VA Clinic
	Miles City	Outpatient Clinic / Nursing Home
	Missoula	Primary Care Center
	Sidney	Primary Care Clinic
[edit] N		
[edit] Nebraska		
Service	City	Facility
VA Medical Center	Grand Island	Grand Island Division - VA Nebraska Western Iowa Health Care System
	Omaha	Division - VA Nebraska Western Iowa Health Care System
Community Based Outpatient Clinic	Alliance	VA Clinic
	Gering	VA Clinic
	Lincoln	Division - VA Nebraska Western Iowa Health Care System
	Norfolk	VA Clinic
	North Platte	VA Clinic
	Rushville	VA Clinic
	Sidney	Outpatient Clinic/Memorial Health Center
[edit] Nevada		
Service	City	Facility
VA Medical Center	North Las Vegas	VA Southern Nevada Healthcare System (VASNHS)

	Reno	VA Sierra Nevada Health Care System
Community Based Outpatient Clinic	Ely	Outpatient Clinic/William B. Ririe Hospital
	Henderson	
	Las Vegas	MASH Village
	Pahrump	Medical Center
[edit] New Hampshire		
Service	City	Facility
VA Medical Center	Manchester	VA Medical Center
Community Based Outpatient Clinic	Conway	Community Based Outpatient Clinic
	Littleton	Outpatient Clinic
	Portsmouth	Outpatient Clinic
	Tilton	Outpatient Clinic
	Wolfeboro	Community Based Outpatient Clinic
[edit] New Jersey		
Service	City	Facility
VA Medical Center	East Orange	East Orange Campus of the VA New Jersey Health Care System
	Lyons	Lyons Campus of the VA New Jersey Health Care System
Outpatient Clinic	Vineland	Clinic
Community Based Outpatient Clinic	Brick	James J. Howard Community Clinic
	Cape May	VA Outpatient Clinic (642GB)
	Elizabeth	Community Clinic
	Fort Monmouth	Community Clinic
	Fort Dix	VA Outpatient Clinic at Marshall Hall (642GA)
	Hackensack	Community Clinic
	Jersey City	Jersey City Community Clinic
	Morristown	Community Clinic
	New Brunswick	Community Clinic
	Newark	Community Clinic
	Paterson	Community Clinic
	Sewell	Veterans Health Clinic at Gloucester County (642GD)
	Trenton	Community Clinic
	Ventnor City	VA Health Clinic (460HE)
	Vineland	VA Clinic NJ Veterans Memorial Home (460HG)
[edit] New Mexico		
Service	City	Facility
VA Health Care System	Albuquerque	New Mexico VA Health Care System
Community Based Outpatient Clinic	Alamogordo	Clinic
	Artesia	Clinic
	Clovis	Clinic
	Española	Clinic
	Farmington	Clinic
	Gallup	Clinic
	Hobbs	Clinic
	Las Cruces	Clinic
	Las Vegas	Clinic
	Raton	Clinic

	Santa Fe	Clinic
	Silver City	Clinic
	Truth or Consequences	Clinic
[edit] New York		
Service	City	Facility
VA Medical Center	Albany	Albany VA Medical Center Samuel S. Stratton
	Batavia	VA Western New York Healthcare System at Batavia
	Bath	VA Medical Center
	Bronx	VA Medical Center
	Brooklyn	Campus of the VA NY Harbor Healthcare System
	Buffalo	VA Western New York Healthcare System at Buffalo
	Canandaigua	VA Medical Center
	Castle Point	Campus of the VA Hudson Valley Healthcare System
	Montrose	Franklin Delano Roosevelt Campus of the VA Hudson Valley Healthcare S
	New York	New York Campus of the VA NY Harbor Healthcare System
	Northport	Northport VA Medical Center
	Syracuse	VA Medical Center
Domiciliary	St. Albans	Primary & Extended Care Center
Community Based Outpatient Clinic	Auburn	VA Outpatient Clinic
	Bainbridge	VA Outpatient Clinic
	Binghamton	VA Outpatient Clinic
	Bronx	Community Clinic
	Brooklyn	Chapel Street Community Clinic
	Carmel	Community Clinic
	Carthage	VA Outpatient Clinic
	Catskill	VA Outpatient Clinic
	Clifton Park	VA Outpatient Clinic
	Cortland	VA Outpatient Clinic
	Dunkirk	VA Outpatient Clinic
	Elizabethtown	VA Outpatient Clinic
	Elmira	VA Outpatient Clinic
	Fonda	VA Outpatient Clinic
	Glens Falls	VA Outpatient Clinic
	Goshen	Community Clinic
	Islip	Mental Health Clinic
	Ithaca	Community Based Outpatient Clinic
	Jamestown	VA Outpatient Clinic
	Kingston	VA Outpatient Clinic
	Lackawanna	VA Outpatient Clinic
	Lindenhurst	Mental Health Clinic
	Lockport	VA Outpatient Clinic
	Lynbrook	Mental Health Clinic
	Malone	VA Outpatient Clinic
	Massena	VA Outpatient Clinic
	Monticello	Community Clinic
	New City	Community Clinic
	New York	Harlem Community Clinic
	New York	Opiate Substitution Program
	New York	Soho Community Clinic
	Niagara Falls	VA Outpatient Clinic

	Olean	VA Outpatient Clinic
	Oswego	VA Outpatient Clinic
	Patchogue	Mental Health Clinic
	Patchogue	Primary Care Clinic
	Plainview	Mental Health Clinic
	Plattsburgh	VA Outpatient Clinic
	Port Jervis	Community Clinic
	Poughkeepsie	Community Clinic
	Riverhead	Mental Health Clinic
	Rochester	VA Outpatient Clinic
	Rome	VA Outpatient Clinic
	Schenectady	VA Outpatient Clinic
	Staten Island	Community Clinic
	Sunnyside	Queens Community Clinic
	Troy	VA Outpatient Clinic
	Warsaw	Community Based Outpatient Clinic
	Wellsville	VA Outpatient Clinic
	Westhampton	Air Base
	White Plains	Community Clinic
	Yonkers	Community Clinic
[edit] North Carolina		
Service	City	Facility
VA Medical Center	Asheville	VA Medical Center
	Durham	VA Medical Center
	Fayetteville	VA Medical Center
	Salisbury	W.G. (Bill) Hefner VA Medical Center
Outpatient Clinic	Winston-Salem	Satellite Outpatient Clinic
[edit] North Dakota		
Service	City	Facility
VA Medical Center	Fargo	VA Medical/Regional Office Center
Community Based Outpatient Clinic	Bismarck	VA Clinic
	Grafton	VA Clinic
	Minot	VA Clinic
[edit] O		
[edit] Ohio		
Service	City	Facility
VA Medical Center	Chillicothe	VA Medical Center
	Cincinnati	VA Medical Center
	Cleveland	Louis Stokes VA Medical Center
	Dayton	VA Medical Center
Outpatient Clinic	Canton	Outpatient Clinic
	Youngstown	Outpatient Clinic
Independent Outpatient Clinic	Columbus	Chalmers P. Wylie Outpatient Clinic
Community Based Outpatient Clinic	Akron	Community Based Outpatient Clinic
	Ashtabula	County VA Clinic

	Athens	Community Based Outpatient Clinic
	Cincinnati	Clermont County Community Based Outpatient Clinic
	Cleveland	McCafferty Community Based Outpatient Clinic
	East Liverpool	Community Based Outpatient Clinic
	Grove City	Community Based Outpatient Clinic
	Lancaster	Community Based Outpatient Clinic
	Lima	Community Based Outpatient Clinic
	Lorain	Community Based Outpatient Clinic
	Mansfield	Community Based Outpatient Clinic
	Marietta	Community Based Outpatient Clinic
	Marion	Community Based Outpatient Clinic
	Middletown	Community Based Outpatient Clinic
	Painesville	Community Based Outpatient Clinic
	Portsmouth	Community Based Outpatient Clinic
	Sandusky	Community Based Outpatient Clinic
	Springfield	Community Based Outpatient Clinic
	St. Clairsville	Belmont County St. Clairsville (Sterling Medical)
	Toledo	VA Outpatient Clinic
	Warren	Community Based Outpatient Clinic
	Zanesville	Community Based Outpatient Clinic
[edit] Oklahoma		
Service	City	Facility
VA Medical Center	Muskogee	VA Medical Center
	Oklahoma City	VA Medical Center
[edit] Oregon		
Service	City	Facility
VA Medical Center	Portland	VA Medical Center
	Roseburg	VA Roseburg Healthcare System
Domiciliary	White City	VA Southern Oregon Rehabilitation Center & Clinics
Community Based Outpatient Clinic	Bandon	Clinic
	Brookings	Clinic
	Eugene	Clinic
	Klamath Falls	Falls
[edit] P		
[edit] Pennsylvania		
Service	City	Facility
VA Medical Center	Altoona	James E. Van Zandt VA Medical Center
	Butler	VA Medical Center
	Coatesville	VA Medical Center
	Erie	VA Medical Center
	Lebanon	VA Medical Center
	Philadelphia	VA Medical Center
	Pittsburgh	VA Healthcare System, H. John Heinz III Progressive Care Center
	Pittsburgh	VA Healthcare System, Highland Drive Division
	Pittsburgh	VA Healthcare System, University Drive Division

	Wilkes-Barre	VA Medical Center
Outpatient Clinic	Allentown	Clinic
	Camp Hill	Clinic
	Sayre	Clinic
	Springfield	Clinic
Community Based Outpatient Clinic	Aliquippa	VA Primary Care Outpatient Clinic (646GC)
	Allentown	VA Outpatient Clinic (693B4)
	Berwick	Outpatient Clinic
	Brookville	Clarion County VA Outpatient Clinic (Brookville Site) 529GD
	Camp Hill	VA Outpatient Clinic (595GA)
	DuBois	(Clearfield County) VA Outpatient Clinic (503GB)
	Ellwood City	Lawrence County VA Outpatient Clinic (Ellwood City Site) (529GB)
	Farrell	Mercer County VA Outpatient Clinic (592GA)
	Frackville	Good Samaritan Frackville
	Greensburg	VA Primary Care Outpatient Clinic (646GB)
	Horsham	(Willow Grove) VA Outpatient Clinic (642GC)
	Johnstown	VA Outpatient Clinic (Cambria County) (503GA)
	Kittanning	Armstrong County VA Outpatient Clinic (529GC)
	Knox	Clarion County VA Outpatient Clinic (Knox Site) (529GD)
	Lancaster	VA Outpatient Clinic
	Meadville	Crawford County Primary Care Clinic (562GA)
	Philadelphia	VA Outpatient Clinic (542GG)
	Pottsville	Good Samaritan Regional Medical Center (595GB)
	Pottsville	Schuylkill County Good Samaritan Regional Medical Center (693GE)
	Reading	Berks VA Outpatient Clinic
	Reading	VA Outpatient Clinic (542GC)
	Sayre	VA Outpatient Clinic (693GA)
	Schuylkill	Good Samaritan Health Center
	Smethport	McKean County Primary Care Clinic (562GC)
	Spring City	VA Outpatient Clinic (542GE)
	Springfield	Media VA Outpatient Clinic (542GA)
	State College	(Centre County) VA Outpatient Clinic (503GC)
	Tobyhanna	Army Depot (693GC)
	Washington	VA Primary Care Outpatient Clinic (646GD)
	Wilkes-Barre	Northeastern PA Mobile Health Clinic (693HK)
	Williamsport	OPC, Campus of Divine Providence Hospital (693GB)
	York	VA Outpatient Clinic
[edit] Philippines		
Service	City	Facility
Outpatient Clinic	Pasay City	Manila Outpatient Clinic
[edit] Puerto Rico		
Service	City	Facility
VA Medical Center	San Juan	VAMC
Outpatient Clinic	Mayagüez	OPC
	Ponce	OPC
Community Based Outpatient Clinic	*Arecibo	CBOC
	*Guayama	CBOC

[edit] R		
[edit] Rhode Island		
Service	City	Facility
VA Medical Center	Providence	VA Medical Center
Community Based Outpatient Clinic	Middletown	Outpatient Clinic
[edit] S		
[edit] South Carolina		
Service	City	Facility
VA Medical Center	Charleston	Ralph H. Johnson VA Medical Center
	Columbia	Wm. Jennings Bryan Dorn VA Medical Center
Community Based Outpatient Clinic	Anderson	County Clinic
	Beaufort	Clinic
	Florence	Clinic
	Greenville	Clinic
	Myrtle Beach	
	Orangeburg	County Clinic
	Rock Hill	Clinic
	Sumter	County Clinic
[edit] South Dakota		
Service	City	Facility
VA Medical Center	Fort Meade	VA Black Hills Health Care System - Fort Meade Campus
	Hot Springs	VA Black Hills Health Care System - Hot Springs Campus
	Sioux Falls	VA Medical Center
Community Based Outpatient Clinic	Aberdeen	VA Clinic
	Aberdeen	North East South Dakota VA Clinic
	Eagle Butte	VA Clinic
	McLaughlin	VA Clinic
	Pierre	VA Clinic
	Rapid City	VA Clinic
	Rosebud	VA Clinic
	Winner	VA Clinic
[edit] T		
[edit] Tennessee		
Service	City	Facility
VA Medical Center	Memphis	Veterans Affairs Medical Center
	Mountain Home	VA Medical Center
	Murfreesboro	Tennessee Valley Healthcare System - Alvin C. York (Murfreesboro) Cam
	Nashville	Tennessee Valley Healthcare System - Nashville Campus
Outpatient Clinic	Chattanooga	Clinic
	Cookeville	Clinic
	Knoxville	Clinic

[edit] Texas		
Service	City	Facility
VA Health Care System	Amarillo	VA Health Care System
	Big Spring	West Texas VA Health Care System
	El Paso	VA Health Care System
	San Antonio	South Texas Veterans Health Care System
	Temple	Central Texas Veterans Health Care System
VA Medical Center	Bonham	VA North Texas Health Care System Sam Rayburn Memorial Veterans Ce
	Dallas	VA North Texas Health Care System Dallas VA Medical Center
	Houston	Michael E. DeBakey Veterans Affairs Medical Center in Houston
	Kerrville	Kerrville VA Medical Center
	Temple	Central Texas Veterans Health Care System - Olin E. Teague Veterans' C
	Waco	Central Texas Veterans Health Care System - Waco VA Medical Center
Outpatient Clinic	Austin	Central Texas Veterans Health Care System - Austin Outpatient Clinic
	Beaumont	Clinic
	Corpus Christi	Outpatient Clinic
	Fort Worth	VA North Texas Health Care System Fort Worth Outpatient Clinic
	Laredo	Outpatient Clinic
	Lubbock	Clinic
	Lufkin	Charles Wilson VA Outpatient Clinic
	McAllen	Clinic
	San Antonio	Frank M. Tejeda VA Outpatient Clinic
	Victoria	Clinic
Community Based Outpatient Clinic	Abilene	Clinic
	Brownwood	CBOC
	Cedar Park	CBOC
	Childress	Clinic
	College Station	Bryan/College Station CBOC
	Fort Stockton	Fort Stockton Clinic
	Marlin	CBOC
	Odessa	Clinic
	Palestine	CBOC
	San Angelo	Clinic
	Stamford	Clinic
	Stratford	Clinic
[edit] U		
[edit] Utah		
Service	City	Facility
VA Health Care System	Salt Lake City	VA Salt Lake City Health Care System
Community Based Outpatient Clinic	Fountain Green	Outpatient Clinic
	Fountain Green	Outpatient Clinic (Central Utah CBOC)
	Nephi	Central Valley Medical Center/South Central Clinic
	Nephi	South Central Clinic/Central Valley Medical Center
	Orem	Outpatient Clinic/Timpanogos Regional Hospital
	Roosevelt	Uintah Outpatient Clinic/Uintah Basin Medical Center
	South Ogden	VA Outpatient Clinic
	St. George	Outpatient Clinic

[edit] V		
[edit] Vermont		
Service	City	Facility
VA Medical Center	White River Junction	VA Medical Center
Community Based Outpatient Clinic	Bennington	Outpatient Clinic
	Colchester	VA Outpatient Clinic at Fort Ethan Allen
	Rutland	Community Based Outpatient Clinic
[edit] Virginia		
Service	City	Facility
VA Medical Center	Hampton	VA Medical Center
	Richmond	Hunter Holmes McGuire VA Medical Center
	Salem	VA Medical Center
Community Based Outpatient Clinic	Alexandria	Community Clinic-Alexandria
	Harrisonburg	Contract Outpatient Clinic
	Stephens City	Outpatient Clinic
[edit] Virgin Islands		
Service	City	Facility
Community Based Outpatient Clinic	Kings Hill	Saint Croix CBOC
	St. Thomas	CBOC
[edit] W		
[edit] Washington		
Service	City	Facility
VA Medical Center	Seattle	VA Puget Sound Health Care System
	Spokane	VA Medical Center
	Walla Walla	Jonathan M. Wainwright Memorial VA Medical Center
Integrated Clinical Facility	Yakima	Mental Health Outreach Clinic
Community Based Outpatient Clinic	Bremerton	Outpatient Clinic
	Longview	Outpatient Clinic
	Richland	Outpatient Clinic
	Seattle	UW Physicians Shoreline Clinic
	Yakima	Outpatient Clinic
[edit] West Virginia		
Service	City	Facility
VA Medical Center	Beckley	VA Medical Center
	Clarksburg	Louis A. Johnson VA Medical Center
	Huntington	VA Medical Center
	Martinsburg	VA Medical Center
Community Based Outpatient Clinic	Franklin	Contract Outpatient Clinic
	Gassaway	Braxton County VA Outpatient Clinic (540GC)
	Parkersburg	Wood County CBOC (540GB)
	Parsons	Tucker County CBOC (540GA)

	Petersburg	Contract Outpatient Clinic
[edit] Wisconsin		
Service	City	Facility
VA Medical Center	Madison	William S. Middleton Memorial Veterans Hospital
	Milwaukee	Clement J. Zablocki Veterans Affairs Medical Center
	Tomah	VA Medical Center
Outpatient Clinic	Appleton	Clinic
	Baraboo	Clinic
	Beaver Dam	Dam Clinic
	Chippewa Falls	Chippewa Valley Clinic
	Cleveland	(East Central) Clinic
	Green Bay	Clinic
	Janesville	Clinic
	Kenosha	Clinic
	La Crosse	Clinic
	Loyal	Clinic
	Rhineland	Clinic
	Superior	Clinic
	Union Grove	Clinic
	Wausau	Clinic
	Wisconsin Rapids	Rapids Clinic
Community Based Outpatient Clinic	Chippewa Falls	VA Clinic
	Superior	Twin Ports VA Clinic
[edit] Wyoming		
Service	City	Facility
VA Medical Center	Cheyenne	VA Medical / Regional Office Center
	Sheridan	VA Medical Center
Community Based Outpatient Clinic	Casper	Outpatient Clinic
	Gillette	Outpatient Clinic
	Green River	Outpatient Clinic/Castle Rock Medical Center
	Newcastle	VA Clinic
	Powell	Clinic
	Riverton	Outpatient Clinic

GLOBAL WAR ON TERRORISM - OPERATION IRAQI FREEDOM

By Month *

March 19, 2003 Through February 28, 2009

Month/Year	Killed in Action/Died of Wounds					Accidents/Other Deaths					Wounded in Action				
	TOT	A	N	MC	AF	TOT	A	N	MC	AF	TOT	A	N	MC	AF
2003	319	253	4	58	4	167	134	6	24	3	2,416	2,080	13	297	26
March 2003	58	17	2	39		7	4		2	1	208	77	7	123	1
April 2003	51	30	1	17	3	23	15	1	7		340	196	5	137	2
May 2003	8	6		1	1	29	19		10		55	52		2	1
June 2003	17	16		1		13	8	3	2		147	140		7	
July 2003	27	27				20	15	1	3	1	226	215		11	
August 2003	14	13	1			22	22				181	165		16	
September 2003	17	17				14	13			1	247	245	1		1
October 2003	33	33				11	10	1			413	413			
November 2003	70	70				12	12				336	316			20
December 2003	24	24				16	16				263	261		1	1
2004	713	415	14	280	4	133	85	3	32	3	8,065	4,494	203	3,203	105
January 2004	39	39				7	7				187	182	1	2	2
February 2004	12	12				9	8			1	150	142		5	3
March 2004	31	23		8		19	15	1	3		324	191	6	125	2
April 2004	126	68	6	51	1	9	8		1		1,215	690	30	488	7
May 2004	63	43	5	15		17	13		3	1	759	518	46	189	6
June 2004	37	25		12		5	4		1		588	369	6	197	16
July 2004	44	26		17	1	10	6		4		552	305	14	227	6
August 2004	53	25		27	1	12	6		6		895	477	18	386	14
September 2004	69	40	1	28		11	4	1	5	1	709	415	19	263	12
October 2004	56	36		20		8	7		1		651	316	12	316	7
November 2004	126	44	1	80	1	11	7		4		1,431	575	43	786	27
December 2004	57	34	1	22		15	10	1	4		544	314	8	219	3
2005	673	476	8	188	1	171	116	7	43	5	5,943	4,075	118	1,681	69
January 2005	53	35	1	17		53	19	2	32		497	334	14	143	6
February 2005	42	35		7		16	13		2	1	413	287	13	108	5
March 2005	31	27		4		4	4				370	265	6	94	5
April 2005	45	35	1	9		7	6		1		598	403	17	164	14
May 2005	65	42	1	22		14	8		2	4	570	398	15	154	3
June 2005	68	40	2	26		10	9		1		511	363	9	125	14
July 2005	45	36	1	8		9	8		1		477	344	8	120	5
August 2005	77	48		29		8	7	1			541	407	9	122	3
September 2005	42	39		2	1	7	4	2	1		545	381	8	155	1
October 2005	77	50	1	26		19	16	2	1		608	399	4	200	5
November 2005	70	45	1	24		14	13		1		399	219	7	168	5
December 2005	58	44		14		10	9		1		414	275	8	128	3
2006	704	472	17	208	6	116	76	6	32	2	6,411	3,978	188	2,186	56
January 2006	42	27		13	2	19	14	1	4		288	185	12	88	3
February 2006	45	29	1	15		9	8		1		343	207	9	119	8
March 2006	27	20		6	1	4	3		1		499	322	10	165	2
April 2006	65	42	1	22		11	2	1	8		434	256	11	165	2
May 2006	57	38	1	18		12	5		7		443	241	15	181	6
June 2006	57	39	3	15		4	3		1		459	302	19	133	5

GLOBAL WAR ON TERRORISM - OPERATION IRAQI FREEDOM

By Month *

March 19, 2003 Through February 28, 2009

Month/Year	Killed in Action/Died of Wounds					Accidents/Other Deaths					Wounded In Action				
	TOT	A	N	MC	AF	TOT	A	N	MC	AF	TOT	A	N	MC	AF
July 2006	38	26	1	11		5	2	1	1	1	525	350	12	155	8
August 2006	58	37	3	17	1	7	7				592	344	22	222	4
September 2006	61	43	3	15		11	10	1			791	508	16	263	4
October 2006	99	64	2	32	1	7	4	1	2		783	444	17	314	8
November 2006	59	38		21		10	8		2		548	345	21	180	2
December 2006	96	69	2	24	1	17	10	1	5	1	706	474	25	201	6
2007	764	646	17	98	11	139	110	7	18	4	6,107	4,928	82	1,012	85
January 2007	78	64		11	3	5	3	2			647	492	6	142	7
February 2007	70	46	3	21		11	9		2		520	344	9	161	6
March 2007	71	60	1	10		10	7	1	2		619	439	15	156	9
April 2007	96	80	5	11		8	5		3		651	502	11	131	7
May 2007	120	110		9	1	6	4		2		658	584	4	67	3
June 2007	93	84		4	5	8	6			2	756	632	8	104	12
July 2007	67	52	6	9		13	9		4		616	480	11	114	11
August 2007	56	50		6		28	26		1	1	566	449	10	102	5
September 2007	43	36		7		23	21		2		361	337	5	13	6
October 2007	29	27		2		9	5	3	1		297	278	2	10	7
November 2007	27	24	1		2	9	7		1	1	203	183	1	9	10
December 2007	14	13	1			9	8	1			213	208		3	2
2008	221	193	3	23	2	82	73	8	11	3	2,046	1,795	21	171	58
January 2008	34	33		1		6	4	1	1		234	211		15	8
February 2008	25	21	3	1		4	4				216	187	6	18	5
March 2008	36	35		1		3	2			1	327	288	4	17	18
April 2008	40	32		6	2	12	10	2			331	301	1	16	13
May 2008	15	11		4		4	3		1		197	170	3	21	3
June 2008	23	19		4		6	5		1		143	132	2	8	1
July 2008	8	7		1		5	2	1	1	1	155	139		16	
August 2008	12	10		2		11	8		3		107	92	2	13	
September 2008	8	8				17	17				92	78	1	10	3
October 2008	7	7				7	4		2	1	84	74		9	1
November 2008	6	4		2		10	9		1		87	70	1	11	5
December 2008	7	6		1		7	5	1	1		73	53	1	17	2
2009	19	19				14	9	1	3	1	174	131	2	39	2
January 2009	8	8				8	5		2	1	81	65		14	2
February 2009	11	11				6	4	1	1		93	66	2	25	
TOTALS	3,413	2,474	63	848	28	832	613	35	163	21	31,102	21,481	628	8,589	404

* Prior data subject to change — Navy totals include one Coast Guard death — A=Army, N=Navy, MC=Marine Corps, AF=Air Force

Thesis Abstract

The thesis of this project is that the United States' Department of Veteran Affairs, the VA, is a *political* creation, since its foundations were not charitable, economic, faith-based, ethnic, etc. Its foundation was purely on the political wherewithal and expediency that the Federal Government in Washington, DC felt during the interwar years, and the threat to American society that many WWI veterans posed as a result of their being angry at not receiving advanced payments on their *bonuses*. This is the central thesis, albeit nuanced, that pre-determined whether the VA had any chance at succeeding at its goals.

Secondarily, this paper outlines why the VA has been able to become the relative success that it has been. With regards to the starting point at which many veterans enter into the VA health care system, the results have been nothing less than a minor miracle. This aspect is analyzed and outlined within the body of the paper, and specific examples are given in support. In addition, the VA's health care system is explained, and its organization is presented in the form of maps and charts to expedite the reader's knowledge acquisition. To fully understand the VA's outreach, its organization must be understood.

It is important to understand the context in which the VA was created, and the history of the US vis-à-vis its soldier population is briefly covered to provide a better understanding of the process and timeline that led up to the VA's creation in the late 1920s to the early 1930s. Also of note is that this has truly been a *process*, and that process is brought to light during the years preceding President Franklin D. Roosevelt's official signing. Furthermore, the subsequent modifications and changes are pointed out, such as the GI Bill.

The third primary point of this project is to provide support for why the VA has been a success. The GI Bill, for example, led to the largest amelioration in the standard of living of the average American in the history of the US. By providing a myriad of benefits, the GI Bill allowed millions of returning veterans to attend university, trade school, or put a down payment on a GI-specific home loan. This led to the greatest expansion of home-ownership that the US has ever experienced.

Briefly stated, this paper has three primary objectives: emphasizing the political nature of the VA, understanding the context and timeline before which and after that the VA was created, and to prove that the VA has been largely successful in fulfilling its goals. With those three areas concerning the US's Department of Veteran Affairs explained, the VA is much more easily understood. Moreover, without fully understanding the VA and its existence, it becomes more of a matter of relying on hearsay as to whether it is an effective governmental operation. This paper provides the background information, and as such, some popular misconceptions are laid to rest and the VA is able to be seen as what it truly, and objectively, is: a relatively successful *political* program serving one the US's most vulnerable demographics.

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